

## Bundle Bridgend Boundary Change Joint Transition Board 23 April 2019

- 0 Agenda
  - Part Two OPEN Agenda Eleventh Transition Programme Board 23 April 2019.doc
- 1 PRELIMINARY MATTERS
  - 1.1 Apologies for Absence
  - 1.2 Declarations of Interests
  - 1.3 Minutes of the meeting held on 27 March 2019
    - 1.3 Draft Minutes 27 March 2019 JTB 23 April 2019.doc
  - 1.4 Action Log
    - 1.4 Action log JTB 23 April 2019.docx
  - 1.5 Matters arising not on the agenda
- 2 ITEMS FOR APPROVAL
  - 2.1 Legacy Statement - Quality and Patient Safety matters
    - 2.1 Legacy Statement Final JTB 23 April 2019.docx
  - 2.2 Handover Statement - Governance matters
    - 2.2 Cover Final Joint Handover statement JTB 23 April 2019.docx
  - 2.2.1 Appendix 2.2.1 Handover Statement
    - Appendix 2.2.1 - Final Joint Bridgend Handover Statement JTB 23 April 2019.docx
  - 2.2.2 Appendix 2.2.2 - Handover Statement List of Appendices (CLOSED)
- 3 ITEMS FOR DISCUSSION
  - 3.1 Update from the Programme Director on progress
    - 3.1 Transition Programme Director JTB 23 April 2019.doc
  - 3.1.1 Residual Risks and Issues
    - 3.1.1 Residual tasks and issues JTB 23 April 2019.doc
  - 3.1.2 Transition Budget
    - 3.1.2 Transition budget JTB 23 April 2019.doc
  - 3.1.3 Memorandum of Understanding
    - 3.1.3 Memorandum of Understanding v8.0 JTB 23 April 2019.doc
  - 3.2 To consider proposed arrangements post April 2019
    - 3.2 Proposed arrangements post April 2019 JTB 23 April 2019.doc
  - 3.2.1 3.2.1 Draft Proposed arrangements post April 2019
    - 3.2.1 DRAFT Proposed arrangements post April 2019 JTB 23 April 2019.doc
  - 3.2.2 Draft disaggregation schedule (CLOSED)
    - 3.2.2 CLOSED DRAFT Disaggregation Schedule JTB 23 April 2019.xlsm
- 4 COMMUNICATIONS AND ENGAGEMENT
  - 4.1 To agree items for Joint Transition Board - Bulletin Ten
- 5 OTHER MATTERS
  - 5.1 Any other urgent matters

## **BRIDGEND BOUNDARY CHANGE JOINT TRANSITION BOARD**

The meeting to be held between 9 – 11am on 23 April 2019 at the  
Boardroom Princess of Wales Hospital

### **PART 'II' AGENDA – OPEN**

<b>1.</b>	<b>PRELIMINARY MATTERS</b>	<b>LEAD / ATTACHMENT</b>
1.1	Apologies for Absence	Chair / Oral
1.2	Declaration of Interests	Chair /Oral
1.3	Minutes of the meeting held on 27 March 2019	<b>Attachment 1.3</b> Chair
1.4	Action Log	<b>Attachment 1.4</b> Chair
1.5	Matters arising not on the agenda	<b>Oral</b> Chair
<b>2.</b>	<b>ITEMS FOR APPROVAL</b>	
2.1	Legacy statement – Quality and patient safety matters	<b>Attachment 2.1</b> Programme Director
2.2	Handover statement – governance matters	<b>Attachment 2.2</b> Board Secretaries
<b>3.</b>	<b>ITEMS FOR DISCUSSION</b>	
3.1	To receive an update from the Programme Director on progress to include reference to:  3.1.1 Residual tasks and issues 3.1.2 Transition Budget 3.1.3 Memorandum of understanding	<b>Attachments 3.1, 3.1.1, 3.1.2, 3.1.3</b> Programme Director
3.2	To consider DRAFT paper setting out proposed arrangements post April 2019  3.2.1 Draft proposed arrangements post April 2019 3.2.2 Draft disaggregation schedule	<b>Attachments 3.2, 3.2.1, 3.2.2</b> Programme Director
<b>4.</b>	<b>COMMUNICATIONS AND ENGAGEMENT</b>	
4.1	To agree items for Joint Transition Board - Bulletin Ten	<b>Oral</b> All
<b>5.</b>	<b>OTHER MATTERS</b>	
5.1	Any other urgent matters	<b>Oral</b> All





## BRIDGEND BOUNDARY CHANGE JOINT TRANSITION BOARD

### **'Unconfirmed'** MINUTES OF THE MEETING HELD ON 27 MARCH 2019 IN THE BOARDROOM, MPEC, PRINCESS OF WALES HOSPITAL, BRIDGEND

#### PRESENT

##### Members:

Andrew Davies	Chair ABMUHB /Joint Chair Transition Board (in the Chair)
Marcus Longley	Chair CTUHB/Joint Chair Transition Board
Allison Williams	Chief Executive, CTUHB
Tracy Myhill	Chief Executive, ABMUHB
Huw David	Leader, BCBC
Hannah Evans	Director of Transformation ABMUHB
Paul Griffiths	Independent Member, CTUHB
Gwenan Roberts	Interim Board Secretary/Director of Corporate Services, CTUHB
Martin Sollis	Independent Member, ABMUHB
Ruth Treharne	Deputy Chief Executive/Director of Planning & Performance
Pam Wenger	Director of Corporate Governance
Alison Phillips	Transition Programme Director

##### In Attendance:

Jo Jordan	Welsh Government
Dave Thomas	Wales Audit Office (WAO) (Observer)
Paul Edmonds	Communications & Engagement Manager, CTUHB
Lynne Hamilton	Director of Finance, ABMUHB
Steve Webster	Director of Finance, CTUHB
Susan Cooper	Corporate Director – Social Services and Wellbeing, BCBC
Kathrine Davies	Interim Corporate Governance Support, CTUHB (Secretariat)

PRELIMINARY MATTERS		ACTION
<b>JTB 28/19</b>	<b>WELCOME &amp; INTRODUCTIONS</b> Andrew Davies <b>welcomed</b> everyone to the final meeting before the transition on 1 April 2019, and paid tribute to	

	everyone involved for the commitment and effort that had been undertaken by both organisations on what has been a huge challenge. The scale of the change had not been recognised by many and has been carried out seamlessly which was a tribute to both Health Boards. Thanks were extended also to Susan Cooper, BCBC, for her work on the transition and the contribution she has made previously working in partnership with ABMUHB.	
<b>JTB 29/19</b>	<b>APOLOGIES</b> Apologies for absence were <b>NOTED</b> from Robert Williams, Nicola Milligan, Mark Shephard and Jackie Davies. Andrew Davies extended his best wishes to Robert Williams for his speedy recovery.	
<b>JTB 30/19</b>	<b>DECLARATIONS OF INTEREST</b> There were no declarations of interests made in addition to those declared previously.	
<b>JTB 31/19</b>	<b>MINUTES OF THE MEETING HELD ON 21 FEBRUARY 2019</b> The minutes from the meeting held on 21 February 2019 were <b>accepted</b> as a true and accurate record of the meeting subject to the following amendment:  <ul style="list-style-type: none"> <li>Tracey Myhill should be amended to read "Tracy".</li> </ul>	
<b>JTB 32/19</b>	<b>ACTION LOG</b> Members <b>NOTED</b> the update provided and <b>ENDORSED</b> the Action Log.	
<b>JTB 33/19</b>	<b>MATTERS ARISING NOT ON THE AGENDA</b> There were no matters arising.	

<b>ITEMS FOR APPROVAL</b>		
<b>JTB 34/19</b>	<b>LEGACY STATEMENT – QUALITY &amp; PATIENT SAFETY MATTERS</b>  Alison Phillips presented the report on behalf of the Directors of Nursing. The purpose of the report and Legacy Statement was to provide the Joint Transition Board with a comprehensive summary of work from the Quality and Patient Safety work stream which identified quality and patient safety issues and good practice.  Members <b>NOTED</b> that the Legacy Statement provided assurance and outlined what work needs to be undertaken	

	<p>post March 2019. Alison Phillips advised that this had been a substantial piece of work with a number of appendices attached to the document. The report was substantially complete with the caveat that it might change over the next week to reflect final position on work planned for the last week in March.</p> <p>Members <b>NOTED</b> that the content of the Legacy statement and the underpinning work of the sub-groups was considered at a work stream Summit held on 4 March 2019. The presentation from the Summit was provided for information.</p> <p>Allison Williams commented that the new accountability lines were very clear but there would need to be a partnership approach towards working for the immediate future. Some of the risks were reducing but it was critical that there must not be a gap to fall through between both organisations.</p> <p>Tracy Myhill stated that the Legacy Statement was pretty comprehensive, however, a final version would be required in order to finalise the exact position. There were a number of items contained within the statement that required more specific detail on, i.e. training on ESR, Audits, Datix, Angleton Clinic and the Fire Safety Notice.</p> <p>Alison Phillips advised that the backlog of audits in the Princess of Wales Hospital would need to be completed. The lead Clinicians responsible were being contacted in regards to the completion of the audits; and that a joint approach to completion would be required to support the completion of the work</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report; and</li> <li>• <b>AGREED</b> that the final Legacy Statement and update would be brought to the next meeting on 23 April 2019.</li> </ul>	<p><b>GH/GD</b></p>
<p><b>JTB 35/19</b></p>	<p><b>HANDOVER STATEMENT – GOVERNANCE MATTERS</b></p> <p>Pam Wenger and Gwenan Roberts presented the report which provided the Joint Transition Board with the draft version of the Joint Handover Statement.</p> <p>Members were advised that the Handover Statement which recognised the transfer of assets, services and resources that will transfer from Abertawe Bro Morgannwg University</p>	

	<p>Health Board to Cwm Taf University Health Board as part of the Bridgend Boundary Change with effect from 1 April 2019.</p> <p>Members <b>NOTED</b> that the Handover Statement had been populated by each work stream with information and supporting appendices.</p> <p>Pam Wenger advised that this was work in progress and not a finalised document as yet. The document would also be presented to both Boards at their meetings on the 28 March 2019. Members were advised that the section on Internal Audit had been completed by ABMUHB Internal Audit.</p> <p>Members <b>NOTED</b> there would be additional information added to the document post 1 April 2019 which would include Service Level Agreements, Long Term Agreements and that work streams have been requested to alert the Board Secretaries of any residual information for inclusion in the handover statement post April 2019.</p> <p>Gwenan Roberts extended her thanks to Jacqui Maunder and Kathrine Davies for their hard work in developing the Handover Statement.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report; and</li> <li>• <b>AGREED</b> that the final Handover Statement would be brought to the next meeting on 23 April 2019.</li> </ul>	<p><b>GR/PW</b></p>
<p><b>JTB 36/19</b></p>	<p><b>TO RECEIVE AN UPDATE FROM THE PROGRAMME DIRECTOR</b></p> <p>Andrew Davies, on behalf of the Board, paid tribute to Alison Phillips and extended his thanks and appreciation for her work and achievement in ensuring a smooth transition.</p> <p>Alison Phillips presented the report which provided the Joint Transition Board with an update from the Joint Transition Programme Board which had met twice in March.</p> <p>Members <b>NOTED</b> updates on the following key items:</p> <p>Service Level Agreements (LTAs)/Long Term Agreements (LTAs) – Members were advised that huge progress had been made in the last month. In regard to Clinical SLAs and LTAs, the target remained on track to have 85% of all</p>	

	<p>SLAs completed by the end of March with some residual work on the LTAs continuing into early April.</p> <p>Members <b>NOTED</b> that one exception was the Radiology SLA where there had been some late issues identified requiring resolution. Alison Phillips extended her thanks to the teams who have worked extremely hard in developing the SLAs and LTAs.</p> <p>Tracy Myhill commented that it was important that the residual work in relation to the Mortuary and Pathology was going ahead, however, it would need to be clear on what work is going to be undertaken post April. Hannah Evans stated that in terms of governance, particularly in the Mortuary areas, it would need to be ensured that both organisations were clear on accountability lines. Members <b>NOTED</b> that ABMUHB would continue to provide Mortuary support for the site and this had been confirmed in a letter from CTUHB to the Director General/Chief Executive of NHS Wales that confirmed the HTA were supportive of the arrangements put in place.</p> <p>Members were reminded that ABM UHB will continue to provide ICT services to Bridgend site via SLA. There were very few ICT system changes required before 1 April 2019. Members <b>NOTED</b> that there were 3 key areas that needed to be changed prior to 1 April 2019, namely:</p> <ul style="list-style-type: none"> <li>• Audiology system – system change was implemented on the weekend of the 16 March 2019.</li> <li>• Emergency Department system and Princess of Wales Hospital – system was out of licenced support and was re-implemented week commencing 18 March 2019.</li> <li>• JAC Pharmacy system – change to be implemented weekend of the 30 March 2019.</li> </ul> <p>Members <b>NOTED</b> that the Memorandum of Agreement (MOU) was now in advanced development. The aim of which was to set out governance arrangements and the agreement reached by both organisations in relation to the future co-operation of working across both sites and will ensure that both organisations continue to hold themselves to account on the joint principles after 1 April 2019. Feedback had been received from NWSSP Legal and Risk and incorporated into the document. Members <b>NOTED</b> that the final MOU would not be signed off prior to 1 April 2019. A copy of the final MOU would be brought to the JTB in April for information.</p>	
--	---	--



Allison Williams advised that Welsh Government were aware of the MOU and it had recently been flagged with Medical Directors by the Deputy Chief Medical Officer. There need to be clear lines of responsibility, however, the MOU would not disrupt the normal joint working arrangements. Some of the SLAs were time limited with others going to be in place for the longer term.

Members **NOTED** that the switchboard system at the Princess of Wales Hospital currently takes calls from Baglan HQ and Neath Port Talbot sites. Members **NOTED** that whilst the system would remain the same from 1 April, there would be parallel running in place from 22 March with calls being directed to Singleton for those two sites with the full switch over planned for 27 March 2019.

Members **NOTED** that the Joint Transition Programme Group at their meeting held on 7 March 2019 discussed the Patient Group Directions (PGDs) Members were advised that support was being given by both Directors of Nursing and the Quality & Patient Safety Committee. Members **NOTED** that clarity had been sought from Welsh Government in regard to the legality of the approach to be undertaken. The confirmation received was that PGDs would be considered as functions of the Health Boards and therefore would be automatically transferred under the provisions of the Transfer Order.

In regards to Risks, Issues and Opportunities, Members **NOTED** that the financial impact assessment was still a risk.

Members **NOTED** that the Area Change Order had been laid in the National Assembly on 25 February 2019 by Welsh Government. Members **NOTED** that the signed Transfer Order was received on 26 March 2019 but would not be laid in the National Assembly.

Members were advised that all National bodies would need to be informed of the changes and a draft joint letter would be drafted by the Transition Director from both Chief Executives to go out the first week in April.

In regards to financial implications, Members **NOTED** that currently there was a forecast expenditure of £2.470M, of which £0.6M related to non-pay expenditure. Members were advised that the NHS Finance Delivery Unit was in the process of completing work to validate the costs against the £2.9M allocation with two explicit conditions being

	<p>applied, namely:</p> <ul style="list-style-type: none"> <li>• That name change costs cannot be applied and must be borne by both Health Boards; and</li> <li>• Only 'additional' staffing costs could be allocated, e.g. backfill costs such as agency staff and external secondments. The reallocation of existing staff to work on the transition programme where the back fill has been subsumed by other existing staff and/or other work has been temporarily halted cannot now be charged.</li> </ul> <p>Martin Sollis sought clarity that the costs were being picked up in the year end costs. Alison Phillips confirmed that the name change costs were a limited risk and were estimated at £200k. The costs would be absorbed over the financial year and into 2019-20 and therefore would not be a significant risk to year end position.</p> <p>Members <b>NOTED</b> that the allocation figure had not yet been finalised with Welsh Government and Members would be kept updated.</p> <p>In regards to Workforce and Organisational Development, Members <b>NOTED</b> that positive feedback had been received from the information for staff transferring with 8.5k hits being received so far. The 'welcome' meetings for staff had been well attended. Members were advised that on the whole staffing issues remained very low. Members <b>NOTED</b> the challenges in transferring staff over and thanked trade union and workforce colleagues for their support.</p> <p>Members <b>NOTED</b> that the final list of clinical services to transfer would be approved by both Health Boards at their meetings on 28 March 2019, and were advised that a number of the SLAs were in place as an interim measure to ensure services remain safe. Members <b>NOTED</b> that a significant amount of work remained to fully disaggregate ICT systems which will need to be aligned with the clinical service strategy and this remained to be a big challenge moving into next year.</p> <p><i>Susan Cooper left the meeting at 4.50 pm</i></p> <p>Jo Jordan advised that Welsh Government have commended the work that has been undertaken and felt reassured that the standard of paperwork that has supported the Joint Transition Board as an audit trail would provide a good template for the future and suggested that</p>	
--	---	--

	<p>it would be helpful for the future if a 'Lessons Learned' report could be produced.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report.</li> </ul>	
<b>JTB 37/19</b>	<p><b>TO CONSIDER PROPOSED ARRANGEMENTS POST APRIL 2019</b></p> <p>Alison Phillips advised that there was a list of residual tasks and some functional matters to be considered by the Joint Transition Board at their meeting in April. Members <b>NOTED</b> that a list had been compiled as a starting point. There would be a need to work through the clinical and ICT issues. Members discussed the arrangements to oversee the next phase of the work which could be discussed as part of joint working arrangements with a different governance structure with some Independent Member support. It was suggested that the Board Secretaries could discuss and advise at the next Joint Transition Board in April.</p> <p>Members <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>AGREE</b> to discuss future governance arrangements at the April Joint Transition Board meeting.</li> </ul>	<b>PW/GR</b>
<b>COMMUNICATIONS AND ENGAGEMENT</b>		
<b>JTB 38/19</b>	<p><b>TO AGREE ITEMS FOR JOINT TRANSITION BOARD – BULLETIN 9</b></p> <p>The following items were <b>AGREED</b> for inclusion in Bulletin:</p> <ul style="list-style-type: none"> <li>• JTB to meet in April to finalise outstanding work.</li> <li>• Residual arrangements post April 2019 to be agreed.</li> </ul>	<b>PE</b>
<b>OTHER MATTERS</b>		
<b>JTB 39/19</b>	<p><b>ANY OTHER URGENT BUSINESS</b></p> <ul style="list-style-type: none"> <li>• Huw David thanked Allison Williams and the Vice Chair for attending the Bridgend County Borough Council Meeting.</li> <li>• Andrew Davies thanked Tracy Myhill, Allison Williams and their respective Executive Teams and also extended his thanks to Huw David, Sue Cooper and their teams. He added that he would be very sorry to lose direct contact with the Bridgend County Borough Council.</li> </ul>	

	<ul style="list-style-type: none"> <li>Thanks were also extended to Hannah Evans, Ruth Treharne and their teams and also Dave Thomas from the Wales Audit Office and Jo Jordan from Welsh Government.</li> </ul>	
<b>JTB 40/19</b>	<b>DATE AND TIME OF NEXT MEETING</b> The following meeting will take place: <ul style="list-style-type: none"> <li>23 April 2019 – 9am to 11 am, Boardroom, Princess of Wales Hospital</li> </ul>	

.....  
Professor Andrew Davies  
Joint Chairs  
Joint Transition Board

.....  
Professor Marcus Longley

Date:.....

Unconfirmed

Newid ffin Pen-y-bont ar Ogwr



Bridgend boundary change

## JOINT TRANSITION BOARD (JTB) MEETING

### ACTION LOG – UPDATE FOR 23 APRIL 2019

	Minute Ref	Meeting Added	AGENDA ITEM	KEY ACTIONS	LEAD	STATUS
1	JTB 10/18	July 2018	Transfer Order	The meeting should consider other legislative changes including change of names, changes to regional partnership boards and Community Health Councils (CHC's).	Programme Director	<b>ONGOING Standing Agenda item updates given at each meeting</b>  <b>Name change recommendations approved by Welsh Government confirmed in letter from Minister 11 January 2019.</b>
2	JTB 44/18	August 2018	Report of the Transition Programme Director	Update to be presented to the October meeting in relation to resources allocated and the likely projection against the year-end forecast.	Programme Director	<b>ON AGENDA</b>

	<b>Minute Ref</b>	<b>Meeting Added</b>	<b>AGENDA ITEM</b>	<b>KEY ACTIONS</b>	<b>LEAD</b>	<b>STATUS</b>
3	JTB 94/18	November 2018	Proposal to Support Delivery of Informatics	Further to a discussion in relation to the investment ask for the pharmacy system and the need for the system to be separated from the ABMUHB system, which would equate to a £120k investment, the remainder of the investment would be for rolling out the POW system into CTUHB and this should be urgently factored into the capital position for CTUHB and a proposal to be issued to Welsh Government to cover the potential capital slippage costs.	Programme Director	<b>ONGOING</b>
4	JTB 94/18	November 2018	Proposal to Support Delivery of Informatics	A detailed proposal of the 9 month programme of system migration to be presented to the January 2019 JTB providing an assurance that safe working systems will be in place from 1 April 2019.	ICT Work-stream Leads	<b>ONGOING</b>
5	JTB 94/18	November 2018	Funding Requirements	A discussion to be held at the December JTB in relation to funding requirements and whether all funding required was revenue or whether some of the funding was capital. Discussions would need to be held with Welsh Government as to whether there would be any capital slippage that could be applied for.	Programme Director	<b>Ongoing Awaiting confirmation from Welsh Government.</b>
6	JTB 113/18	December 2018	Capital Projects Register	Ruth Treharne to have a discussion with Hannah Evans to discuss whether any	Director of Planning &	<b>Discussions ongoing with</b>

	Minute Ref	Meeting Added	AGENDA ITEM	KEY ACTIONS	LEAD	STATUS
				additional discretionary capital funds had been allocated to ABMU.	Performance CTUHB	<b>Welsh Government in the first instance. Slippage monies had been identified by CTUHB if required.</b>
8	JTB 115/18	December 2018	Disaggregation of Corporate Functions	<b>AGREED</b> that urgent discussions should be held with Welsh Government to consider and agree a way forward in relation to: 1) The transitional arrangements to fund the short-term corporate resources gross shortfall; and 2) Agree the process for developing and agreeing the potential CT UHB transitional funding offer.	Programme Director	<b>Ongoing discussions with Welsh Government</b>
9	JTB 116/18	December 2018	Managing Financial Implications	Members <b>AGREED</b> that urgent discussions should be held with Welsh Government in early January in relation to: • The provision of transitional support for a defined period for the gap between the HCHS allocation to the Health Boards and the costs that ABM UHB is able to release in clinical services and in corporate services. This includes consideration of any proposed CT UHB corporate cost	Programme Director	<b>Awaiting confirmation of a meeting with Welsh Government.</b>

	Minute Ref	Meeting Added	AGENDA ITEM	KEY ACTIONS	LEAD	STATUS
				<p>increase and the ABM UHB corporate cost release.</p> <ul style="list-style-type: none"> <li>The provision of financial support for both organisations' other transitional &amp; Change costs in 2019/20.</li> </ul>		
10	JTB 21/19	February 2019	Update on Progress from the Informatics Work Stream	<ul style="list-style-type: none"> <li>A joint Executive Team approach would be ongoing over the next few months and that consideration should be given as to whether there would be a need for the Joint Transition Board to continue to meet after the 1<sup>st</sup> April. Following discussion Members <b>AGREED</b> that the Board would meet in April and discuss and agree a way forward at that meeting for arrangements post 1<sup>st</sup> April 2019</li> </ul>		<b>ON AGENDA</b>
12	JTB 23/19	February 2019	Update on Communications	<ul style="list-style-type: none"> <li>Members discussed key messages and sound bites for staff and <b>AGREED</b> to have a "drip effect" daily countdown over 10 days leading up to the 1<sup>st</sup> April 2019 which would provide short messages outlining practical information.</li> <li>Members discussed whether there should be an event to mark the occasion of the Boundary Change on the 1<sup>st</sup> April 2019. It was <b>AGREED</b></li> </ul>	<p>Communications Lead</p> <p>Chief Executives</p>	<b>Complete</b>



**Agenda item 1.4**

	<b>Minute Ref</b>	<b>Meeting Added</b>	<b>AGENDA ITEM</b>	<b>KEY ACTIONS</b>	<b>LEAD</b>	<b>STATUS</b>
				that the Chief Executives would discuss outside of the meeting.		
13	JTB 34/19	March 2019	Legacy Statement	<ul style="list-style-type: none"> <li>Members agreed that the final Legacy Statement and update would be brought to the next meeting on 23 April 2019</li> </ul>	Directors of Nursing	<b>ON AGENDA</b>
14	JTB 35/19	March 2019	Handover Statement	<ul style="list-style-type: none"> <li>Members agreed that the final Handover Statement would be brought to the next meeting on 23 April 2019</li> </ul>	Board Secretaries	<b>ON AGENDA</b>
15	JTB 37/19	March 2019	To consider proposed arrangements post April 2019	<ul style="list-style-type: none"> <li>Members agreed to discuss future governance arrangements at the April Joint Transition Board Meeting.</li> </ul>	Board Secretaries	<b>ON AGENDA</b>

## Legacy Statement from the Quality and Patient Safety Work Stream

**Part 1: Sets out those areas covered by the subgroups of the Quality and Patient Safety Work Stream which may require further work beyond April 2019 especially those areas that continue to carry risk.**

### 1.1 Safeguarding and Public Protection

#### Work Completed:

- A number of operational meetings have taken place and positive working relationships have developed with the leads for Corporate Safeguarding, Deprivation of Liberty Safeguards (DoLS), Looked After Children (LAC), Nurse Specialists, and Safeguarding Children.
- A guide for staff making a safeguarding referral/introduction to the Safeguarding Team has been produced and included in the Staff Information Pack. Safeguarding Pathway between Cwm Taf Morgannwg University Health Board (CTMUHB) and Bridgend Multi Agency Safeguarding Hub (MASH) agreed.
- Access to appropriate Swansea Bay University Health Board (SBUHB) IT systems assured for CTMUHB staff.
- Agreed that Bridgend County Borough Council (BCBC) will join the regional Cwm Taf Safeguarding Board to reflect the Health Board footprint.
- Good working relationship established with Bridgend Local Authority colleagues and referral pathway for adults at risk in line with Social Services and Well Being Act (Wales) has been completed.
- Excellent working relationship established between Heads of Safeguarding in both Health Boards.
- Agreement that CTMUHB financial contribution to Cwm Taf Safeguarding Board would increase according to the agreed formula.
- Medical Officer Responsibility established from 1 April 2019 for Looked After Children, initial health assessments of the under 5's and adoption medicals.
- Staff volunteer event held 25 January 2019.
- Additional resources agreed for Safeguarding Team and any additional recruitment of staff with specialised skill set to be taken forward by CTMUHB.

Outstanding Risks	Mitigation/Planned Action	By Whom By When	Score
Deprivation of Liberty Safeguards (DoLS) training and Best Interests Assessments (BIA) currently delivered "at risk" in Abertawe Bro Morgannwg Health Board (ABMUHB) therefore no staff resources available to transfer to CTMUHB.	<p>Additional resources allocated for permanent and transition staff, recruitment of staff with right skill set to be taken forward by CTMUHB</p> <p>Current arrangements of rota system to undertake BIAs will be maintained until additional staff appointed.</p> <p>DoLS/Mental Capacity Act (MCA) training to be delivered by current CTMUHB coordinator until additional staff are appointed.</p>	<p>Head of Safeguarding and Public Protection (HOSPP)</p> <p>April 2019</p>	<b>12</b>
Capacity in Corporate Safeguarding Team to discharge corporate safeguarding functions across strategic partnerships/boards i.e. Multi-Agency Public Protection Arrangements (MAPPA), Safeguarding Boards (SBs), Community Safety Partnership (CSP), Parc Prison Safeguarding Board, Youth Offending and G4S, Sexual Abuse Referral Centres (SARC) and Procedural Response to Unexpected Deaths in Children (PRUDIC).	<p>Prioritisation of workload.</p> <p>Safe delegation of workload.</p> <p>Escalation as necessary to Director of Nursing Services.</p> <p>Additional resources allocated for permanent and transition staff, recruitment of staff with right skill set to be taken forward by CTMUHB.</p>	<p>HOSPP</p> <p>April 2019</p>	<b>12</b>

Outstanding Risks	Mitigation/Planned Action	By Whom By When	Score
Maximise compliance with Social Services and Well-being (Wales) Act 2014 and statutory guidance; Working Together to Safeguard People staff training is required.	<p>Additional resources allocated for permanent and transition staff, recruitment of staff with right skill set to be taken forward by CTMUHB.</p> <p>Guide to safeguarding including flow charts, information and advice completed and included in Staff Information Pack, see <b>Annex 1</b>.</p> <p>Poster and internet campaign implemented.</p> <p>Quick reference guide for staff completed and included in Staff Information Pack, see <b>Annex 2</b>.</p>	HOSPP April 2019	<b>12</b>
Lack of capacity in Corporate Safeguarding Team to deliver staff training in Adult / Child Protection (level 2 and 3), Violence against Women Domestic Abuse Sexual Violence (VAWDASV) Level 1 and 2, DoLS, Mental Capacity Act (MCA) and PREVENT (anti-terrorist)	<p>Training compliance from ESR received for Princess of Wales Hospital (PoWH).</p> <p>Safeguarding Training Development Day arranged for 2 May 2019 to develop a training strategy and priority training plan.</p> <p>Additional resources allocated for permanent and transition staff, recruitment of staff with right skill set to be taken forward by CTMUHB.</p>	HOSPP April 2019	<b>9</b>
Inability to service Bridgend Multi Agency Safeguarding Hub (MASH) physically or virtually within existing resource.	Partnership arrangements agreed in principle and operational arrangements to develop further as part of the MASH.	CTMUHB HOSPP Post April	<b>9</b>

## 1.2 Clinical Effectiveness & Audit, Mortality Review

### Work Completed:

- Task & finish group for strategic transition of Clinical Audit & Effectiveness, Quality Improvement, Research & Development and Mortality Review met on the 21 January 2019 to review current position.
- Meeting with PoWH Clinical Audit Team to review workload and current national audit position.
- Forward plan agreed by Joint Clinical Audit and Improvement Group and Cwm Taf Clinical Audit and Operational Group meeting in March in readiness for ratification at the next Quality, Safety and Risk Committee
- Joint Clinical Audit team meeting held in March to prepare for 1 April 2019. Staff working across sites to support the new CTMUHB Clinical Audit Service. Interviews planned throughout April to fill the identified audit posts for Bridgend. Positive feedback received from all staff across the department.

Outstanding Risks	Mitigation/Planned Action	By Whom By When	Score
Lack of resource (staffing/analyst) to support monitoring of compliance with Nurse Staffing Levels (Wales) Act 2016.	<p>Gap analysis completed to identify required staffing for additional workload.</p> <p>Additional resources allocated for permanent and transition staff, recruitment of staff with right skill set to be taken forward by CTMUHB.</p> <p>Regular review as implementation progresses; to be taken forward by CTMUHB.</p>	Head of Clinical Audit & Quality Informatics (HOCAQI) 30 Sept 2019	12

Outstanding Risks	Mitigation/Planned Action	By Whom By When	Score
Following transition the new organisation will become non-compliant with national and local audits and develop a backlog of audits prior to commencement of 2019/20 audits.	Scope and prioritise audits which are non-compliant.  Risk assess and develop a work plan to rectify; to be taken forward by CTMUHB.	HOCAQI May 2019	12
Ensuring that the existing mortality review system is maintained in Bridgend locality while an equitable mortality review system is agreed across the new organisation taking into account the new medical examiner model.	Consultant Histopathologist / Assistant Medical Director, Pathology / National Lead for Mortality and Unit Medical Director for PoWH to review process for new organisation post 1 April 2019  Medically led Task and Finish group to oversee the development of the new model.	Medical Director 30 Sept 2019	3
Status of all audits remains unclarified : <ul style="list-style-type: none"> <li>Corporate led audits - status received</li> <li>Directorate led audits - status unavailable</li> </ul>	Head of Clinical Audit and Effectiveness to establish position status as of 31 March 2019, see <b>Annex 3</b> . Further work required to fully understand the status of directorate led audit in PoWH.  Completed audit findings will be shared across both organisations. Work is ongoing to secure the appropriate national audit access to enable the review of a complete audit picture for CTMUHB.	HOCAQI 31 Mar 2019  HOCAQI May 2019	2

Outstanding Risks	Mitigation/Planned Action	By Whom By When	Score
	A Welsh Government proforma will be completed to include all new organisational areas. For all national audits that run across the April 2019 period separate Welsh Government proformas will be submitted for Bridgend. Any audits that commence after 1 April will be submitted as CTMUHB audit position.		

### 1.3 Complaints and Concerns

#### Work Completed:

- Joint Executive meeting on 10 Dec 2018 agreed that historic claims recorded before 31 March 2019 are not to transfer but that claims recorded after 1 April 2019 should transfer, and that this exception is set out in the Transfer Order. A copy of the Joint Executive claims paper is presented at **Annex 4**.
- Flow charts completed and circulated via Communications Team for operational and corporate teams on claims, complaints, patient safety incidents and inquests.
- A number of operational meetings have taken place and working relationships have been developed with the team leaders/managers.

Outstanding Risks	Mitigation/Planned Action	By Whom By When	Score
Scheme of delegation for final sign off of formal and other responses on behalf of the organisation to be clarified.	Redesign based on revised organisational structure in development.	Director of Nursing	6

Outstanding Risks	Mitigation/Planned Action	By Whom By When	Score
Inequitable corporate response to concerns/complaints, claims, inquests, incidents and patient safety solutions.	<p>Consensus that Maternity, Primary Care, Localities and Mental Health will be amalgamated within existing CTMUHB directorates.</p> <p>All reports to include organisational wide data.</p> <p>Communication flow charts to clarify clear lines of communication completed and included in Staff Information Pack.</p> <p>Complaint process, see <b>Annex 5</b></p> <p>Claims process, see <b>Annex 6</b></p> <p>Serious Incident process, see <b>Annex 7</b></p>	Assistant Director Quality & Patient Experience and Unit Nurse Director PoWH 25 March 2019	9
<p>Likely change in workload demand due to differing anticipated complaints and serious incidents based on historical comparators e.g.</p> <ul style="list-style-type: none"> <li>• high number of formal complaints (ABMUHB =1624/CTUHB =1022)</li> <li>• Lower number of Serious Incidents (SI) reported (ABMUHB =333/ CTUHB =963)</li> </ul>	<p>Training Needs Analysis (TNA) to be completed by CTMUHB once staff with the right skill set have been recruited from additional resources. This team will undertake the TNA in relation to Serious Incident Investigations.</p> <p>Serious Incident (SI) toolkit and Standard Operating Procedure (SOP) developed and awaiting approval.</p>	Head of Patient Experience and Unit Nurse Director PoWH 31 March 2019.	9



Outstanding Risks	Mitigation/Planned Action	By Whom By When	Score
See <b>Annex 8</b> for Summary of Claims, Complaints and Incidents from Bridgend Locality - 1 April 2016 to 6 March 2019			
Different DATIX systems may result in compromised management of incidents.	<p>Governance work stream leading on DATIX with full engagement from Head of Patient Experience. Agreed that the CTMUHB Datix system will be updated and used from 1 April 2019.</p> <p>PoWH team have prepared and trained relevant staff in readiness for the proposed changes.</p>	Head of Operational Health Safety and Fire 31 March 2019.	<b>12</b>

#### 1.4 Infection Prevention and Control (IPC)

##### Work Completed:

- Public Health Wales (PHW) will continue to provide microbiology services. The current SLA has been disaggregated based on the current service model with no plans to change the service delivered to PoWH.
- Visits to PoWH site completed to meet staff and understand PoWH current systems and processes, policies and procedures will be realigned over the coming year.

Outstanding Risks	Mitigation/Planned Action	By Whom By When	
Absence of Hydrogen Peroxide Vapour/Ultra Violet (HPV/UV) in cleaning schedules at PoWH.	Action commenced to reintroduce use of HPV decontamination in PoWH post April.	Head of IPC April 2019	<b>9</b>
Use of 2 different laboratories for Clostridium Difficile (C Diff) testing with different thresholds of sensitivity which will need addressing within the national reporting system.	This will continue for as long as the SLA is in place. The difference in testing methods will be taken into account when analysing data and sharing information.	Head of IPC 31 March 2019	<b>10</b>
CTMUHB will have 2 different laboratories for testing of multi drug resistant organisms using different testing methods and different definitions. The consequence of this may result in confusion in reporting system.	<p>The Consultant Microbiologists for CTMUHB and PHW have met and through an SLA the day to day clinical advice for POW and the Bridgend population will be given by the Public Health Microbiologists from Swansea. This will continue for the next year. During this time the IPC team at POWH will continue to deal with the multi drug resistant organisms as they did when they were part of the former AMBUHB. The Lead IPC Nurse and IPC Doctor will work together to standardise definitions and streamline services over the coming months.</p> <p>The IPC Doctor for Cwm Taf will drive, oversee and support the strategic agenda for IPC across CTMUHB.</p>	Heads of IPC 31 March 2019	<b>10</b>

<b>Outstanding Risks</b>	<b>Mitigation/Planned Action</b>	<b>By Whom By When</b>	
CTMUHB Microbiology staff will not get laboratory results for PoWH, Maesteg, Glanrhyd or GP patients. No alerts if patients with C Difficile, MRSA, MDRO are readmitted in Bridgend sites.	Task and Finish Group of IPC staff including PHW and ICNet established and solution identified by 31 March 2019. CTMUHB IPC Nurses have access to all results for the organisation.	Heads of IPC 31 March 2019	<b>4</b>
There are currently 4 vacancies within the IPC team based on the posts agreed in Dragon's Den on the 20 <sup>th</sup> February 2019	All posts advertised however it will take time to have a fully established trained CTMUHB IPC team.	Heads of IPC 31 March 2019	<b>10</b>

## 1.5 Quality Improvement

### Work completed:

- Professional standards mapped across both organisations

<b>Outstanding Risks</b>	<b>Mitigation/Planned action</b>	<b>By Whom By When</b>	<b>Score</b>
Loss of capacity across new organisation.	Mapping of Quality Improvement (QI) across both Health Boards to identify current initiatives, good practice and opportunities.	Head of Quality Improvement Sept 2019	<b>6</b>

Outstanding Risks	Mitigation/Planned action	By Whom By When	Score
	<p>Develop an agreed Quality Improvement process for CTMUHB to include Improving Quality Together (IQT) silver training provision</p> <p>Identify required resource to deliver and support the Quality Improvement agenda across the new organisation.</p>	Head of Quality Improvement Sept 2019	

## 1.6 Clinical Policies

### Work Completed:

- CTMUHB clinical policies have been aligned with SBUHB policies and then prioritised with those that need to be revised by 1 April 2019, see **Annex 9**
- Meetings between Quality & Patient Safety Work Stream clinical policy lead & senior nurses within CTMUHB to ensure clinical policies have been highlighted correctly.
- Liaison with Head of Nursing Primary Care & Localities identified that community services had a wider plan for disaggregation which incorporated a review of all clinical policies.
- Mental Health clinical policy review as part of monthly meetings; Bridgend Head of Service was included.
- Children and Young People (CYP) & Child and Adolescent Mental Health Services (CAMHS), clinical policies have been reviewed as part of the South Wales Programme (SWP).
- Medicines Management - priority clinical policies being reviewed with counterparts in Bridgend.
- Handover of clinical policies to clinical leads for review complete. Ownership of clinical policies to be held by clinical or governance lead for the directorate who will be responsible for ensuring they are kept up to date in future.
- Staff access provided to both CTMUHB SharePoint & SBUHB COIN systems.

Outstanding Risks	Mitigation/Planned Action	By Whom By When	Score
Priority clinical policies will not be revised by 1 April 2019.	No policies revised prior to 1 April 2019. Action plan in place to revise all priority clinical policies, see <b>Annex 9</b>	Identified Clinical Leads 31 March 2019	6
Staff will not know clinical policies have been revised.	There has been an agreement that staff will continue to follow their usual policies (Pre 1 April 2019) until informed by their Clinical Leads / Heads of Departments / Senior Managers. When Clinical Policies merge / change the date will be logged onto the Clinical Policy Database. Any changes to the policy to be logged on the front sheet of the policy.	QPS Policy Lead 31 March 2019	6

## Part 2: Reports and Action Plans for Bridgend Locality

### 2.1 Healthcare Inspectorate Wales (HIW) Reports and Action Plans

Area	Report/Action Plan	Narrative	Lead
Princess of Wales Hospital	HIW Inspection Report for PoWH, Surgical Services, Ward 10 and Main Theatres March 2018, see <b>Annex 10</b>	Unannounced HIW inspection visit to Ward 10 and Theatres at PoWH on 13, 14 and 15 March 2018.	Service Director POWH

Area	Report/Action Plan	Narrative	Lead
	HIW Improvement Plan for PoWH, Surgical Services, Ward 10 and Main Theatres, see <b>Annex 11.</b>	Improvement Plan in place; some issues still outstanding, awaiting update.	
Mental Health	<p>HIW Mental Health Act Monitoring Inspection Report PoWH, Ward 14 &amp; PICU, see <b>Annex 12</b></p> <p>HIW Improvement Plan, Ward 14 &amp; PICU, POWH, see <b>Annex 13</b></p> <p>HIW Mental Health Report Glanrhyd Hospital, Angleton Clinic, Wards 2 and 3, see <b>Annex 14</b></p> <p>HIW Improvement Plan Glanrhyd Hospital, Angleton Clinic Wards 2 and 3, see <b>Annex 15</b></p> <p>Bridgend Locality Older People's Mental Health Service Delivery Unit Assurance Review and HIW Final Action Plan, see <b>Annex 16</b></p>	<p>HIW unannounced visit on 21 November 2017 to PoWH Hospital, Ward 14 and PICU. Improvement Plan complete.</p> <p>HIW unannounced visit on 24-26 July 2017 to Glanrhyd Hospital, Angleton Clinic, Wards 2 and 3.</p> <p>Improvement Plan in place; final outcome recorded in joint action plan.</p>	Bridgend Locality Manager
Primary Care & Community	Nil	Primary Care & Community have confirmed they have no reports with outstanding actions in the Bridgend area.	

Area	Report/Action Plan	Narrative	Lead
Paediatrics	Nil	Paediatrics have confirmed they have no reports with outstanding actions in the Bridgend area.	

## 2.2: Community Health Council (CHC) Reports and Action Plans

Area	Report/Action Plan	Narrative	Lead
Pan ABMU	CHC Monitoring Visit Report ABMUHB Cardiology Wards, see <b>Annex 17</b>  CHC Action Plan PoWH Cardiology Ward 4, see <b>Annex 18</b>	Unannounced CHC monitoring visits to all Cardiology Wards April and May 2018. Action Plan relating to PoWH Cardiology Ward 4 is complete.	Princess of Wales Hospital Unit Nurse Director
Princess of Wales Hospital	CHC Monitoring Visit Report PoWH Ward 4, see <b>Annex 19</b>  CHC Action Plan PoWH Ward 4, see <b>Annex 20</b>  CHC Monitoring Visit Report PoWH Ward 8, see <b>Annex 21</b>  CHC Action Plan PoWH Ward 8, see <b>Annex 22</b>	A number of unannounced CHC monitoring visits took place during January 2019:  Wards 8 and 9 – 22 Jan Wards 4 and 10 – 23 Jan  Action Plans in place for each of the Wards, some outstanding issues.	Princess of Wales Hospital Unit Nurse Director

Area	Report/Action Plan	Narrative	Lead
	<p>CHC Monitoring Visit Report PoWH Ward 9, <b>see Annex 23</b></p> <p>CHC Action Plan PoWH Ward 9, <b>see Annex 24</b></p> <p>CHC Monitoring Visit Report PoWH Ward 10, <b>see Annex 25</b></p> <p>CHC Action Plan PoWH Ward 10, <b>see Annex 26</b></p>		Princess of Wales Hospital Unit Nurse Director
Community and Primary Care	Nil	Primary Care & Community have confirmed they have no reports with outstanding actions in the Bridgend area.	SBUHB Unit Nurse Director Community and Primary Care
Mental Health	<p>CHC Monitoring Visit Report PoWH Ward 21 19 July 2018, <b>see Annex 27</b></p> <p>CHC Monitoring Visit Report PoWH Ward 21 23 January 2019, <b>see Annex 28</b></p>	<p>Unannounced CHC monitoring visits to PoWH Ward 21 on the 19 July 2018 and 23 January 2019.</p> <p>PoWH Ward 21 has now been relocated to Angleton Clinic, no further action required.</p>	SBUHB Deputy Nurse Director Mental Health



Area	Report/Action Plan	Narrative	Lead
Paediatrics	Nil	Paediatrics have confirmed they have no reports with outstanding actions in the Bridgend area.	SBUHB Paediatric Lead

### 2.3 Fire Safety Health & Safety (HSE) Reports/Letters

Area	Report/Action Plan	Narrative	Lead
Princess of Wales Hospital First Floor Theatres	<p>South Wales Fire &amp; Rescue Service Enforcement Notice, see <b>Annex 29</b></p> <p>Draft Fire Compartmentation Survey PoWH First Floor Theatres 28 March 2019, see <b>Annex 31</b></p>	<p>Fire Safety Enforcement Notice issued on 27 December 2018 for First Floor Theatres in PoWH.</p> <p>Exchange of correspondence between ABM and CT CEOs prior to 31 March 2019 citing that there were plans to complete all actions within the Enforcement Notice by the 31 March 2019, see <b>Annex 30</b></p> <p>Separately a survey completed as a requirement of the Enforcement Notice also identified the omission of fire dampers in the Theatre ventilation systems and formed part of the rectification works. Final survey report to be shared with CTMUHB once received.</p>	Head of Operational Health Safety and Fire CTMUHB

Area	Report/Action Plan	Narrative	Lead
	Fire Safety Enforcement Notice Action Plan PoWH First Floor Theatres 31 March 2019, see <b>Annex 32</b>	Action plan in place; latest position as of the 31 March 2019 is included in <b>Annex 32</b>	
Princess of Wales Hospital	NHS Wales Shared Services Partnership (NHSWSSP) Specialist Estates Services (SES) - Independent Review of Fire Precautions at Princess of Wales Hospital, see <b>Annex 33</b>	Independent review into Fire Precautions at PoWH undertaken by NHSWSSP (SES). Review commenced September 2018, final report issued December 2018.	Head of Operational Health Safety and Fire CTUHB
Princess of Wales	Letter of Fire Safety Matters dated 15 April 2019, see <b>Annex 34</b>	Fire Safety Inspection visit on 28 March 2019 identified fire safety risks in the Endoscopy/Lung Function Department at PoWH relating to the fire detection system and fire resisting doors, see <b>Annex 34</b> . No enforcement notice issued but schedule of works to be completed as soon as possible.	Head of Operational Health Safety and Fire CTUHB
Pan ABMU including Bridgend	HSE Improvement Notices issued February 2019, see <b>Annex 35</b>	In February 2019 HSE issued 9 Improvement Notices to ABMUHB following an inspection in November 2018; 8 of the notices relate to Singleton and Morriston Hospital sites and one notice relates to the management of incidents across all ABMUHB sites, further detailed outlined below.	Head of Operational Health Safety and Fire CTUHB

Area	Report/Action Plan	Narrative	Lead
Pan ABMU including Bridgend	HSE Improvement Notice Management of Incidents issued February 2019, see <b>Annex 36</b>	HSE concerns include the arrangements to report and investigate incidents to ensure lessons are learnt and acted upon. This notice applies to all ABMUHB sites and therefore applies to all transferring Bridgend sites. Target compliance date is 10 September 2019.	Head of Operational Health Safety and Fire CTUHB
Princess of Wales	HSE Improvement Notice, Electrical Safety Dynamic Air Mattresses, see <b>Annex 37</b>	HSE Improvement Notice issued on 25 January 2019 following the investigation of an electrical safety incident in October 2017 on Ward 18, PoWH in relation to a dynamic air mattress. Target compliance date is 29 March 2019.	Head of Operational Health Safety and Fire CTUHB
	HSE Action Plan Electrical Safety Dynamic Air Mattresses March 2019, see <b>Annex 38</b>	<p>Action plan in place; latest position as of the 31 March 2019 is included in <b>Annex 38</b>. Letter dated 29 March 2019 to HSE confirming action plan, see <b>Annex 39</b></p> <p>HSE Correspondence dated 25 May 2018 outlining material breaches of health &amp; safety law relating to electrical safety, violence and</p>	

Area	Report/Action Plan	Narrative	Lead
		aggression and an unsafe passenger lift at PoWH, see <b>Annex 40</b>	
Princess of Wales		HSE Violence and Aggression follow up letter dated 22 November outlining a deadline of 31 March 2019 to complete installation of the new swipe card security system and 31 May 2019 to complete adequate violence and aggression training for all Emergency Department staff, see <b>Annex 41</b>	

## 2.4 Staffing Issues Nursing and Midwifery Council (NMC)/General Medical Council (GMC)/Health and Care Professions Council (HCPC)

Direct transfer of confidential information relating to Bridgend staff agreed from ABMUHB Lead Directors to CTUHB Lead Directors

## 2.5 Medical Trainees Report for Health Education and Improvement Wales (HEIW)

Area	Report/Action Plan	Narrative	Lead
Princess of Wales Hospital	<p>Health Education Improvement Wales (HEIW) Targeted Report Obs and Gynae Training, see <b>Annex 42</b></p> <p>HEIW Action Plan Obs and Gynae Training, see <b>Annex 43</b></p>	<p>HEIW targeted visit on the 16 January 2019 to review access to educational opportunities and teaching in relation to specialty Obstetrics and Gynaecology Training at PoWH.</p> <p>Action plan in place; latest position as of 31 March 2019 included in <b>Annex 43</b></p>	Executive Medical Director

## 2.6 Inquests scheduled up till May 2019

A list of inquests scheduled from February to May 2019 has been received from ABMU and all are listed **prior** to 1 April 2019.

\*Not attached due to sensitive nature of Personally Identifiable Information.

## 2.7 Ongoing Child Practice Reviews /Adult Practice Reviews/Domestic Homicide Reviews/Professional Concerns/Safeguarding Investigations

Review/Investigation	Number	Narrative
Ongoing Criminal/Non-Criminal Professional Concerns including any pending court appearances	0	
Criminal /Non-Criminal Adult Safeguarding Investigations	2 Criminal (1 awaiting Crown Prosecution Service (CPS) decision)  4 Non-Criminal	CTMUHB Head of Safeguarding has details
Multi-Agency Public Protection Assessment (MAPPA) Serious Case Reviews	0	
Child Practice Review	1	Due for publication March 2019. Multi- agency Action Plan will be the responsibility of Cwm Taff Safeguarding Board and CTMUHB will report against health lessons which will be shared across both Health Boards.
Adult Practice Review	0	
Domestic Homicide Review	0	

Agreement has been reached that ongoing *non-criminal* adult at risk cases and professional concerns will continue through to outcome, co-ordinated by ABMU corporate safeguarding staff.

ABMU Head of Safeguarding will share information with CTUHB Head of Safeguarding in relation to:

- Who is subject to safeguarding / investigation processes?

- What is currently in place to provide safeguards such as restricted practice?
- Risk assessment / action plans and individual/organisational learning.

### **Part 3: Exemplary areas and good practice innovations from which CTMUHB can learn**

- Added value of having an Analyst for Quality Improvement Team in order to run reports collate data etc.
- Friends and Family Test
- Healthcare systems engineering approach which is being developed in Cancer Services at ABMUHB to improve patient flow and patient experience. The work is being led by a Macmillan funded Quality Improvement post.
- Specialist Nurse Lead for Hospital Acquired Thrombosis (HAT) monitoring and reporting. ABMUHB have funded a specialist lead nurse to coordinate HAT monitoring and reporting. This ensures that compliance with monitoring and regular feedback into directorate governance process. The post holder will transition across to CTMUHB and this will create the opportunity to enhance the existing CTMUHB service.
- Devolved governance structure in ABMUHB resulting in local ownership to identify and find solutions to issues.
- Matrons lead on response to complaints resulting in local ownership of response and learning from complaints and implementation of that learning.
- Learning events for staff to share learning resulting from complaints / incidents in a timely way in the area in which the issue arose.
- Weekly Multi-Disciplinary Team (MDT) meetings led by Unit Nurse Director PoWH to analyse complaints, IPC issues, incidents etc. resulting in timely local learning across all disciplines. Attended by staff from estates / facilities / ward managers
- Close working relationships between newly appointed Head of Safeguarding in both University Health Boards providing peer support, learning opportunities, and sharing best practice.

**Part 4: Quality & Patient Safety Workstream Mini Summit – 4 March 2019**

A mini summit was held with members of the Quality & Patient Safety (Q&PS) and Clinical Services Work streams. Presentations from each of the Q&PS sub-group leads took place to:

- Identify any outstanding issues and potential gaps
- Confirm and sign off End Products List / Risks and Issues Log / Legacy Statement
- Identify good practice
- Discuss and agree operational transition for Day 1 and beyond

Copies of the presentation slides are presented at **Annex 44**



## Annexes 1 – 44

Please click [here](#) to access the following documentation:

**Annex 01** CTMUHB Safeguarding Guidance Booklet

**Annex 02** CTMUHB Safeguarding Quick Reference Guide

**Annex 03** National Clinical Audit Annual Plan Bridgend Position Statement 31 Mar 2019

**Annex 04** Transfer of Claims Joint Exec Meeting 10 Dec 2018

**Annex 05** Complaint Process Flowchart 1 Apr 2019

**Annex 06** Claims Process Flowchart 1 Apr 2019

**Annex 07** Serious Incident Flowchart PoWH 1 April 2019

**Annex 08** Summary of Complaints Apr 2016 to Mar 2019

**Annex 09** Clinical Policies Action Plan 31 Mar 2019

**Annex 10** HIW Inspection Report PoWH Surgical Services, Ward 10 and Theatres Mar 2019

**Annex 11** HIW Action Plan PoWH Surgical Services, Ward 10 and Theatres

**Annex 12** HIW Mental Health Act Report PoWH Ward 14 and PICU Nov 2017

**Annex 13** HIW Mental Health Act Report PoWH Ward 14 and PICU

**Annex 14** HIW Mental Health Act Report Glanrhyd Hospital, Angleton Clinic, Wards 2 and 3 Jul 2017

**Annex 15** HIW Improvement Plan Glanrhyd Hospital, Angleton Clinic, Wards 2 and 3

Final Legacy Statement	Page 24 of 26	Joint Transition Board 23 April 2019
------------------------	---------------	---

**Annex 16** Bridgend Locality Older People's MH Service Delivery Unit Review and HIW Final Action Plan

**Annex 17** CHC Monitoring Visit Report ABMU Cardiology Wards May 2018

**Annex 18** CHC Action Plan PoWH Cardiology Ward 4

**Annex 19** CHC Monitoring Visit Report PoWH Cardiology Ward 4, Jan 2019

**Annex 20** CHC Action Plan PoWH Ward 4

**Annex 21** CHC Monitoring Visit Report PoWH Ward 8, Jan 2019

**Annex 22** CHC Action Plan PoWH Ward 8

**Annex 23** CHC Monitoring Visit Report PoWH Ward 9, Jan 2018

**Annex 24** CHC Action Plan PoWH Ward 9

**Annex 25** CHC Monitoring Visit Report PoWH Ward 10, Jan 2018

**Annex 26** CHC Action Plan PoWH Ward 10

**Annex 27** CHC Monitoring Visit Report PoWH Ward 19 Jul 2018

**Annex 28** CHC Monitoring Visit Report PoWH Ward 21 Jan 2019

**Annex 29** Fire Safety Enforcement Notice and Letter PoWH First Floor Theatres Dec 2018

**Annex 30** Letter to Allison Williams re Safety Risk PoWH dated 7 Mar 2019

**Annex 31** Fire Compartmentation Survey PoWH Theatres 28 Mar 2019

**Annex 32** Fire Officer Enforcement Action Plan as at 31 Mar 2019

**Annex 33** NHSWSSP Independent Review of Fire Precautions at PoWH Dec 2018

**Annex 34** Fire Safety Matters PoWH Endoscopy and Lung Function Department Letter dated 15 April 2019

**Annex 35** HSE Improvement Notices ABMUHB Feb 2019

**Annex 36** HSE Improvement Notice Management of Incidents Feb 2019

**Annex 37** HSE Improvement Notice Electrical Safety Dynamic Air Mattresses Jan 2019

**Annex 38** HSE Electrical Safety Dynamic Mattresses Action Plan Mar 2019

**Annex 39** Action Plan Letter to HSE dated 29 Mar 2019

**Annex 40** HSE Letter dated 25 May 2018

**Annex 41** HSE Follow up Violence and Aggression Letter dated 22 Nov 2018

**Annex 42** HEIW Targeted Visit Report PoWH Obs and Gynae Training Jan 2019

**Annex 43** HEIW Action Plan PoWH Obs and Gynae Training Feb 2019

**Annex 44** Quality and Patient Safety Workstream Mini Summit Presentations Mar 2019

<p>Newid ffin Pen-y-bont ar Ogwr</p>  <p>Byrddau Iechyd Prifysgol Abertawe Bro Morgannwg Cwm Taf University Health Boards</p> <p>Bridgend boundary change</p>	<p><b>AGENDA ITEM 2.2</b></p> <p><b>23 APRIL 2019</b></p>
--	---

Joint Transition Board Report							
<div>BRIDGEND TRANSITION PROGRAMME</div> <div>JOINT HANDOVER STATEMENT</div>							
Executive Leads: Board Secretaries (ABMUHB and CTUHB)							
Authors: Gwen Roberts, Interim Board Secretary, CTUHB & Pam Wenger, Director of Governance/Board Secretary, ABMUHB							
Contact Details for further information: <a href="mailto:Gwenan.Roberts@wales.nhs.uk">Gwenan.Roberts@wales.nhs.uk</a> & <a href="mailto:Pamela.Wenger@wales.nhs.uk">Pamela.Wenger@wales.nhs.uk</a>							
Purpose of the Joint Transition Board Report							
The purpose of this report is to provide the Joint Transition Board (JTB) with the final version of the Bridgend Transition Programme’s Joint handover statement which recognises the transfer of assets, services and resources that transferred from ABMUHB to CTUHB as part of the Bridgend Boundary Change on the 1 April 2019.							
Governance							
Supporting evidence	The <a href="#">written statement</a> made by Vaughan Gething, Cabinet Secretary for Health and Social Services on 14 June 2018.						
Engagement – Who has been involved in this work?							
<ul style="list-style-type: none"><li>JTPG meetings 15 November 2018, 14 December 2018, 11 January 2019, 8 January 2019, 8 February 2019, 7 March 2019, 19 March 2019 &amp; 11 April 2019.</li><li>Work stream leads;</li><li>Wales Audit Office (WAO);</li><li>Internal Audit.</li></ul>							
Joint Transition Board Resolution to:							
APPROVE	✓	ENDORSE		DISCUSS	✓	NOTE	✓
Recommendation	The Joint Transition Board is asked to: <ul style="list-style-type: none"><li><b>NOTE</b> the updated final Bridgend Joint Handover Statement;</li><li><b>NOTE</b> the updated content that individual work streams have included within the final Joint Handover Statement;</li><li><b>APPROVE</b> the final Joint Handover Statement.</li></ul>						

# **BRIDGEND TRANSITION PROGRAMME JOINT HANDOVER STATEMENT**

## **1. SITUATION / PURPOSE OF REPORT**

The purpose of this report is to provide the Joint Transition Board (JTB) with the final version of the Bridgend Transition Programme's Joint handover statement which recognises the transfer of assets, services and resources that transferred from ABMUHB to CTUHB as part of the Bridgend Boundary Change on the 1 April 2019.

## **2. BACKGROUND / INTRODUCTION**

The Governance & Communications work stream were responsible for supporting the Joint Transition Programme Group (JTPG) to achieve its objectives to ensure that the transition of Bridgend services from ABMUHB to CTUHB was in accordance with legislative and regulatory requirements with clear statements and systems of internal control in place.

### **2.1 Joint Handover Statement**

The draft handover statement was presented to the Joint Transition Board (JTB) on the 22 March 2019 and the Board were advised that there was additional residual information which would be added to the document post 1 April 2019. The additional residual information has now been added to the document to include updates on Service Level Agreement's (SLAs), Long Term Agreements (LTAs), Communications and Engagement and Finance. The final Joint Handover Statement is presented at Appendix 1 for approval.

The final joint handover statement was developed to provide a framework for the respective work streams to populate important information in order to provide a comprehensive handover document as part of the Bridgend Transition Programme. Each work stream has provided information and supporting appendices for inclusion in the document. A list of the supporting appendices is presented at **Appendix 2** for information.

Due to the large volume of supporting appendices, they have not been attached to the Joint Handover statement and can be viewed on the SharePoint link below:

<http://ctuhb-intranet/dir/Corporate/BSCMD/Joint%20Transition%20Board%20Annex/Forms/AllItems.aspx>

## **3. ASSESSMENT / GOVERNANCE AND RISK ISSUES**

External advice on preparing the document was obtained from the Wales Audit Office (WAO) and the document has been reviewed and updated in accordance with the feedback received.

The internal audit team at ABMUHB have also attended all Governance work stream meetings and have provided information in relation to internal audit matters for the handover document.

The final Joint Handover Statement will be presented to the respective Health Board meetings for assurance.

#### 4. **RECOMMENDATION**

The Joint Transition Board is asked to:

- **NOTE** the updated final Bridgend Joint Handover Statement;
- **NOTE** the additional residual content that individual work streams have included within the final Joint Handover Statement;
- **APPROVE** the final Joint Handover Statement

<b>Freedom of information status</b>	Open Appendix 2 – Sharepoint Link Closed
--------------------------------------	---

<b>Governance and Assurance</b>							
<b>Link to corporate objectives (please ✓)</b>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Embedding effective governance and partnerships
							✓
<b>Link to Health and Care Standards (please ✓)</b>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
	✓	✓	✓	✓	✓	✓	✓
<b>Quality, Safety and Patient Experience</b>							
The Quality, Safety & Patient Experience implications of the Bridgend Transition programme are outlined within the final Bridgend Joint handover statement.							
<b>Financial Implications</b>							
The Financial Resourcing implications of the Bridgend Transition programme are outlined within the final Bridgend Joint handover statement.							
<b>Legal Implications (including equality and diversity assessment)</b>							
Ensuring the Joint Transition Board (and respective Health Boards) are fully sighted on key areas of its business is essential to positive assurance processes and related risk management. Residual risks associated with the Bridgend Transition Programme will be integrated into the CTUHB and ABMUHB directorate risk registers and/or corporate/health board risk register where appropriate.							
The Joint Transition Board have been responsible for monitoring the management of risks and received regular reports providing assurance that individual work streams had identified risks within the scope of their responsibility.							
As a consequence of the Bridgend Transition Programme the legislative changes include:							
<ul style="list-style-type: none"> <li>• The Local Health Boards (Area Change) (Transfer of Staff, Property and Liabilities) (Wales) Order 2019;</li> <li>• The Local Health Boards (Area Change) (Wales) (Miscellaneous Amendments) Order 2019 has been introduced, consequently to recognise the Bridgend boundary change a number of changes will be made to other statutory instruments including:</li> </ul>							

- the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009;
- Welsh Health Specialised Services Committee (Wales) Regulations 2009;
- the Community Health Councils (Establishment, Transfer of Functions and Abolition) (Wales) Order 2010;
- to the Community Health Councils (Constitution, Membership and Procedures) (Wales) Regulations 2010;
- the Mental Health (Regional Provision) (Wales) Regulations 2012;
- the Emergency Ambulance Services Committee (Wales) Regulations 2014;
- the Safeguarding Boards (General) (Wales) Regulations 2015.

A Stage 1 Equality Impact Assessment (EIA) relating to the Bridgend Transition programme was produced in September 2018 and a Stage 2 Equality Impact Assessment (EIA) was also undertaken which built on the Stage 1 EIA by incorporating additional data, analysis and feedback from the engagement exercise undertaken with the public and ABMUHB staff. The EIA is included within the supporting appendices for the final joint handover statement document.

### **Staffing Implications**

The Staffing implications of the Bridgend Transition programme are outlined within the final Bridgend Joint handover statement and includes information on workforce matters and the staff that transferred to CTUHB under the Transfer of Undertakings (Protection of Employment) Regulations 2006, as amended (TUPE).

### **Long Term Implications (including the impact of the [Well-being of Future Generations \(Wales\) Act 2015](#))**

The Long Term implications of the Bridgend Transition programme including the impact on the Well-being of Future Generations (Wales) Act 2015 are being considered through the CTUHB Integrated Medium Term Plan (IMTP) planning process.

<b>Report History</b>	Joint Transition Board 22 March 2019
-----------------------	--------------------------------------

<b>Appendices</b>	Appendix 1 – Final Joint Handover Statement Appendix 2 – List of Appendices
-------------------	--

<b>Related agenda items</b>	3.1 Transition Programme Director Update report
-----------------------------	---

## JOINT HANDOVER STATEMENT

Newid ffin Pen-y-bont ar Ogwr



Bridgend boundary change

V16 – 16 April 2019



## **BRIDGEND BOUNDARY CHANGE**

### **JOINT HANDOVER STATEMENT**

#### **FOREWORD**

Abertawe Bro Morgannwg University Health Board (ABMUHB) and Cwm Taf University Health Board (CTUHB) as statutory bodies have been responsible for commissioning health promotion, primary care, acute services, mental health services, community health services, secondary care and public health services for their resident populations since October 2009. During this time achievements have been made in improving both access to high quality health care and improvements in the general health and well-being of the populations served. Much of this improvement has been delivered in partnership, either with primary care professionals, NHS Trusts, the local authorities, voluntary sector, independent sector or other partners, including the local communities.

This joint handover statement aims to capture the business of the University Health Boards (UHBs), identifying key achievements, developments and investments, as well as highlighting the outstanding areas of work, risks and considerations which will need to be taken into account by Cwm Taf Morgannwg UHB when the healthcare services in the Bridgend County Borough Council (BCBC) area formally transfer to on the 1 April 2019.

We are grateful for the contribution made by our partners during the transition and are proud of the relationships built and what has been achieved. Engagement and participation has been an underpinning strand to our work, and is one which we have not taken for granted. We look forward to continuing to work with partners across the Bridgend County Borough Council (BCBC) in the future, ensuring that the voices of our stakeholders continue to influence the development of health services for the Borough.

We recognise and value the dedication, commitment and effort contributed by the UHB staff and are confident that their energy, enthusiasm and expertise will play a significant part in the success of the new Cwm Taf Morgannwg UHB.

**Andrew Davies**  
**Chair,**  
**Abertawe Bro Morgannwg UHB**

**Prof Marcus Longley**  
**Chair,**  
**Cwm Taf UHB**

## BRIDGEND BOUNDARY CHANGE

### HANDOVER STATEMENT

<b>CONTENTS</b>	<b>LEAD</b>	<b>Page</b>
<b>1. INTRODUCTION</b>	<b>GOVERNANCE</b>	<b>5</b>
<b>2. PURPOSE</b>	<b>PROGRAMME TEAM</b>	<b>5</b>
<b>3. BACKGROUND</b>	<b>GOVERNANCE</b>	<b>6</b>
<b>4. UHB PROFILES</b>	<b>GOVERNANCE</b>	<b>7</b>
<b>5. BRIDGEND COUNTY BOROUGH COUNCIL (BCBC) PROFILE</b>	<b>GOVERNANCE</b>	<b>9</b>
<b>6. PARTNERSHIP WORKING</b>	<b>PARTNERSHIPS</b>	<b>11</b>
<b>7. JOINT TRANSITION PROGRAMME</b>	<b>PROGRAMME TEAM</b>	<b>12</b>
<b>8. SUMMARY OF HANDOVER ISSUES</b>	<b>ALL WORKSTREAMS</b>	<b>17</b>
<b>9. PERFORMANCE MANAGEMENT</b>	<b>PERFORMANCE</b>	<b>66</b>
<b>10. WORKFORCE INFORMATION</b>	<b>PEOPLE</b>	<b>66</b>
<b>11. FINANCIAL INFORMATION</b> 11.1 Financial Overview 11.2 Cost of Name Change	<b>FINANCE</b>	<b>67</b>
<b>12. CORPORATE GOVERNANCE INFORMATION</b> 12.1 Transfer Order/Boundary Change Order 12.2 Managing Risk 12.3 Information Governance 12.4 Current Governance Arrangements 12.5 Internal Audit 12.6 External Audit 12.7 Other Regulatory Audit/Inspection Reports 12.8 Policies/Procedures 12.9 Emergency Planning, Preparedness and Response (EPPR) 12.10 Communication & Engagement	<b>GOVERNANCE</b>	<b>69</b>
<b>13. ASSETS</b> 13.1 ICT and Phones 13.2 Building & Estates 13.3 Internal Contracts	<b>ICT FACILITIES FINANCE</b>	<b>84</b>

<b>14.SERVICE TRANSFER LIST – BRIDGEND FUNCTIONS</b>	<b>PROGRAMME TEAM</b>	<b>84</b>
<b>15.ACCOUNTABILITY STATEMENT</b>	<b>GOVERNANCE</b>	<b>85</b>
<b>16.CONCLUSION</b>	<b>GOVERNANCE</b>	<b>86</b>
<b>17.LIST OF SUPPORTING APPENDICES</b>	<b>Appendix 2</b>	

# **BRIDGEND TRANSITION PROGRAMME JOINT HANDOVER STATEMENT**

## **1. INTRODUCTION**

On the 14 June 2018, the Minister for Health and Social Services announced that from 1 April 2019, the responsibility for commissioning healthcare services for the people in the Bridgend County Borough Council (BCBC) area will move from Abertawe Bro Morgannwg University Health Board (ABMUHB) to Cwm Taf University Health Board (CTUHB), moving the health board boundary accordingly.

On the 11 January 2019, the Minister for Health & Social Services confirmed in writing that a name change for each Health Board had been approved by Welsh Government. From 1 April 2019, CTUHB will be renamed as, Cwm Taf Morgannwg University Local Health Board (CTMUHB); and ABMU will be renamed, Swansea Bay University Local Health Board (SBUHB).

This Handover Statement has been developed in partnership by ABMUHB and CTUHB and summarises the resources, assets, functions, risks and liabilities that will transfer to Cwm Taf and outlines the joint arrangements in place for service provision within the new boundary area.

## **2. PURPOSE OF THE UHB JOINT HANDOVER STATEMENT**

The purpose of this Handover Statement is to provide the context within which the Health Boards will approach transferring healthcare services in the Bridgend County Borough Council (BCBC) area to Cwm Taf moving the Health Board boundary accordingly. The statement highlights the work that needs to be taken forward in implementation planning and the critical issues that will influence its success.

The Handover Statement has been developed following existing best practice guidance. It includes an overarching summary of key information in relation to:

- How the Joint Transition programme has been established and managed
- Key decisions made in relation to Staffing, Finance and Corporate Governance Issues
- Functions that have transferred and the governance framework in place for partnership working
- The resources, assets, functions and liabilities that will transfer to the Cwm Taf University Health Board (CTUHB)
- Residual issues and opportunities that require further work beyond April 2019.

### **3. BACKGROUND**

On 13 December 2017, the Welsh Government issued a consultation proposing that responsibility for healthcare services in the Bridgend County Borough Council (BCBC) area should transfer to Cwm Taf University Health Board (CTUHB) from Abertawe Bro Morgannwg University Health Board (ABMUHB); moving the health board boundary accordingly.

The purpose of the proposed change, as outlined in the consultation, was to ensure that Bridgend CBC was not disadvantaged working with multiple-strategic partners across two strategic footprints, to support the strengthening of regional partnership arrangements and facilitate more effective leadership and decision making.

The boundary change proposal establishes Bridgend CBC within the south east Wales regional footprint for healthcare provision and social services complementing existing economic and education partnerships. This means that Bridgend CBC's partnership arrangements will be broadly comparable with all other local authority partnership arrangements in Wales. The Welsh Government's position is that the proposal is for administrative change, not service change.

On the 14 June 2018, the Minister for Health and Social Services announced that after carefully considering the responses to the consultation and after discussing the changes required to effect the proposals with the Health Boards and Bridgend CBC, that in his view the health board boundary should be changed in accordance with the proposal and that the change should take effect from 1 April 2019.

The Health Boards confirmed that should there be any future requirement to change services in the Bridgend area to improve quality or sustainability, those proposals would be the subject of a separate public engagement and, where appropriate, consultation. Both Health Boards emphasised that irrespective of the Health Board boundary change, they remained committed to delivering safe, sustainable, high quality services as locally as possible for all patients.

## 4. UHB PROFILES

### 4.1 Abertawe Bro Morgannwg University Health Board (ABMUHB)

ABMUHB was established in October 2009 and has responsibility for assessing the health needs; commissioning; planning and delivering healthcare for the populations of Bridgend, Neath Port Talbot and Swansea local authority areas. Through its strong partnership arrangements they also have a joint responsibility for improving the health and well-being of its diverse communities.

As an integrated healthcare provider, ABMUHB provide health promotion and prevention, primary care, community services, mental health, learning disabilities and hospital-based care for its resident population, and for some specialist services for people from a wider geographical area.

In 2017-2018, ABMUHB had a budget of over £1 billion employing just over 16,000 staff, 70% of which were involved in direct patient care. The responsibilities extend to both primary (general practitioner, optician, pharmacy and dental services) and secondary (hospital) services together with certain tertiary services. They also provide forensic mental health services and learning disability services.



#### **Our Values**

ABMUHB's "Values and Behaviour Framework" was co-developed by patients and staff and was launched in 2015. Embedding "our values" and further developing a culture of engagement, involving staff in key decisions and change is key to the Health Board's continuous improvement. The clear focus on values is increasingly helping to attract an excellent calibre of staff to the organisation and they are steadily embedding the values as core business, for example, in relation to recruitment and appraisal. Equally, being this explicit about values means the Health Board are increasingly tackling behaviour which is not in line with its values and this is a learning curve for all of managers and leaders.

#### **Rights Respecting Organisation**

ABMUHB is a rights respecting organisation and is committed to treating everyone fairly. ABMUHB was the first health organisation in the UK to launch a children's charter the ABMUHB "Children's Rights Charter"<sup>1</sup> which clearly sets out the right of children and young people when they use ABMUHB's services. The charter is based on the United Nations Convention Rights of the Child, which lists what children need to survive, grow and fulfil their potential.

Information, safety, respect and privacy and confidentiality are among the rights covered by the charter. Youth councils from the Bridgend, Neath Port Talbot and Swansea areas helped develop it, along with children and young people receiving care and paediatric nursing, play and community staff.

In order to ensure that the values and behaviours drive a caring, supportive and ambitious culture within the organisation, the Board changed its operational

---

<sup>1</sup> ABMU Children's Rights Charter

[www.wales.nhs.uk/sitesplus/documents/863/Bilingual%20Children%27s%20Rights%20Charter.pdf](http://www.wales.nhs.uk/sitesplus/documents/863/Bilingual%20Children%27s%20Rights%20Charter.pdf)

management arrangements in 2015 and established six delivery units. Each unit is led by a core 'triumvirate' which consists of the Service Director, Unit Medical Director and Unit Nurse Director. They are as follows:

- Neath Port Talbot (NPT) Hospital.
- Mental Health & Learning Disability Services.
- Morriston Hospital.
- Princess of Wales (POW) Hospital.
- Singleton Hospital.
- Primary Care and Community Services.

There are also corporate directorates (in terms of finance, governance, information management and technology, workforce and organisational development, nursing, medical and planning) which play a central role in supporting the organisation as well as providing support to the delivery units.

## **4.2 Cwm Taf UHB (CTUHB)**

Cwm Taf Health Board (CTHB) was established in October 2009 when it took over from Cwm Taf NHS Trust. The Trust was formed on 1 April 2008, following the merger of the North Glamorgan and Pontypridd & Rhondda NHS Trusts. The Health Board was given University status in 2013 and became Cwm Taf University Health Board (CTUHB).

Cwm Taf University Health Board ('the Health Board') is responsible for providing healthcare services to nearly 300,000 people living in Rhondda Cynon Taf and Merthyr Tydfil. NHS services are also provided to people living in the neighbouring areas of the Upper Rhymney Valley, South Powys, North Cardiff and the western area of the Vale of Glamorgan.

The Health Board is the second largest employer in the area, employing over 8, 000 people; many of whom live in the local area.

CTUHB manage two district general hospitals, five community hospitals and 27 health centres/clinics/support facilities. Within primary care, GPs own and manage a large number of buildings which are spread across Rhondda Cynon Taf and Merthyr Tydfil. In some cases, the Health Board shares or uses these buildings to provide other services such as district nursing, health visiting and midwifery.

CTUHB has an annual budget of £728.2m, which is used to provide the best services possible to its population.

## **Values and Core Principles**

The Health Board's central philosophy is '*CwmTafCares*'. CTUHB put patients and the communities they serve first and want to deliver the best quality services they can. This promise encourages all staff to be aware of their part in this and aim to improve the way they treat and care for patients and families. We also try to ensure staff feel valued so that they can continue to provide the best services possible.

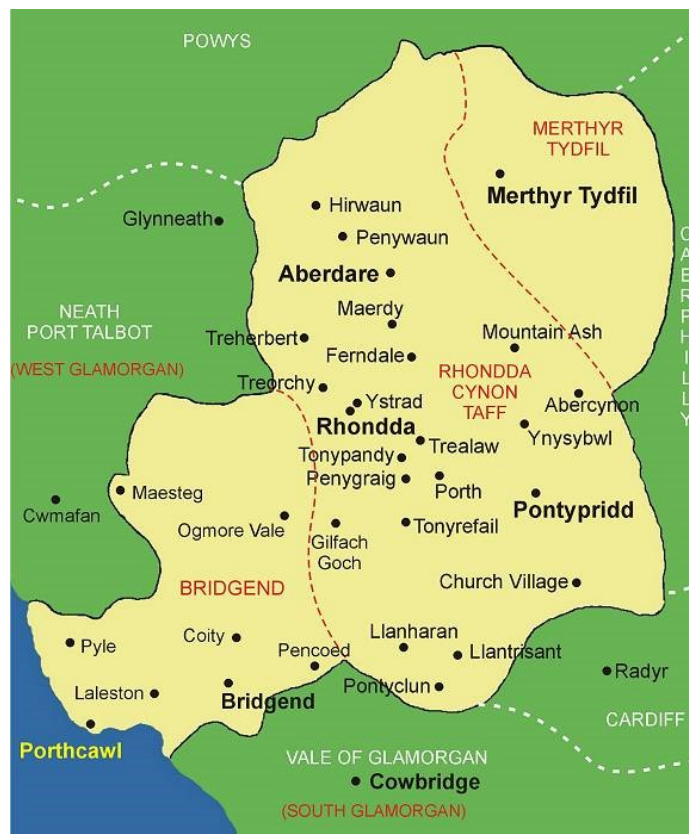
## 5. BRIDGEND COUNTY BOROUGH COUNCIL (BCBC) - PROFILE

The county borough lies at the geographical heart of south Wales. Its land area of 285 square kilometers stretches 20 km from east to west and occupies the Llynfi, Garw and Ogmore valleys. The largest town is Bridgend followed by Maesteg (pop: 20,700) and the seaside resort of Porthcawl (pop: 19,238). It is situated on the Ogmore River and its tributaries, although the Ewenny and Ogwr Fach rivers are considered the border with the Vale of Glamorgan for much of their length.

The county borough is bordered by Neath Port Talbot to the west and north, Rhondda Cynon Taf also to the north and north east, and by the Vale of Glamorgan to the east. The area extends approximately 20km from east to west and has a mix of rural and urban areas roughly divided by the M4 motorway. The south is a well-populated coastal belt with beautiful beaches and the Merthyr Mawr National and Kenfig Nature Reserves. It includes the towns of Bridgend, Pencoed and Porthcawl, together with the other urban areas close to the M4. The north is more rural, hilly and less accessible, with Llynfi, Garw and Ogmore valleys running north-south, the most westerly containing the town of Maesteg.

A map of the new geographical area is outlined in Figure 1 below:

Figure 1 – Map of Geographical Boundary for Cwm Taf UHB from 1 April 2019





Bridgend has an estimated population of **144,288** (Source ONS – June 2017) see Table 1 below.

**Table 1 – Bridgend Resident Population 2013-2017**

The estimated resident population for **Bridgend** was **144,288** on **30 Jun 2017**.

Estimated resident population					
	30 Jun 2013 <sup>1</sup>	30 Jun 2014 <sup>1</sup>	30 Jun 2015 <sup>1</sup>	30 Jun 2016 <sup>1</sup>	30 Jun 2017 <sup>1</sup>
<b>Bridgend</b>	140,536	141,287	142,259	143,408	144,288
<b>Wales</b>	3,082,412	3,092,036	3,099,086	3,113,150	3,125,165

Source: Office for National Statistics

Five year trend data:

- The trend over the last 5 years has shown a steady increase in the total population
- In the last five years, the population of Bridgend has seen an increase of 2.7% (3752 people)
- On 30 Jun 2017, the population density in Bridgend was 575 people per km<sup>2</sup>, compared to 151 people per km<sup>2</sup> for Wales
- A higher percentage of people aged under 16 than Wales as a whole
- A lower percentage of people aged over 65 than Wales as a whole.

Since the closure and redevelopment of Bridgend General Hospital in the 1990s, acute-care and accident and emergency services have been provided by the Princess of Wales (POW) Hospital. There is also a large mental health services hospital site, Glanrhyd Hospital, near Pen-y-Fai. There are 16 GP surgeries, 19 dental practices (22 contracts), 33 pharmacies and 19 opticians within the area.

The Welsh Multiple Index of Deprivation in 2014 showed that in Bridgend 10 of the Lower Super Output Areas (LSOAs) were in the most deprived 10% LSOAs in Wales for overall deprivation, income, employment, education, health and community.<sup>2</sup> Housing was also acknowledged as a significant factor impacting on health and well-being. According to the 2011 census, the percentage of people who could speak Welsh in Bridgend was 9.7% compared to 19% in Wales.

Additional information can be accessed via the Bridgend Public Service Board Assessment of Local Well-Being report<sup>3</sup>, April 2017. Additional information can be read in the Equality Impact Assessment (EIA) at **Appendix 1**.

Further information on services provided by the BCBC can be accessed at <https://www.bridgend.gov.uk/>

<sup>2</sup> <https://stats.wales.gov.wales/Catalogue/Community-Safety-and-Social-Inclusion/Welsh-Index-of-Multiple-Deprivation/WIMD-2014/wimd2014localauthorityanalysis>

<sup>3</sup> Bridgend Public Service Board Assessment of Local Well-being report<sup>3</sup>, April 2017  
<https://www.bridgend.gov.uk/media/3362/wba-final-english.pdf>

## **6. PARTNERSHIP WORKING**

Bridgend County Borough has a history of strong partnership working and established collaborative arrangements. The partnerships include all the major stakeholders across the two regions, that is, the five local authority areas, the two Health Boards and the third sector organisations. It includes areas of work where one or more of the organisations are working or have worked in collaboration.

### **6.1 Regional Working**

The Western Bay Health and Social Care Partnership includes the City and Council of Swansea, Neath Port Talbot Borough Council, Bridgend County Borough Council, ABMUHB and the third sector. These partnership arrangements pre-date the requirements of Part 9 of the Social Services and Well-being (Wales) Act 2014 (SSWBA) as the organisations across the region have been working together since 2012. The arrangements over the last three years have become more formalised and have included:

- A Regional Partnership Board (RPB) with membership, responsibilities and terms of reference which meet the requirements of the SSWBA and related Welsh Government guidance, and link closely with statutory bodies in the three local authorities and the Health Board, as well as the Swansea, NPT and Bridgend Public Services Boards (PSB's)
- A governance and management infrastructure under the RPB to enable partners to work together on a major programme of activities across the region, including a citizen's panel, a leadership group, trade unions forum, a programme office and regional 'change' and 'business as usual' projects
- A statement of vision and aims for the Partnership which have informed its entire programme of activities.

Bridgend County Borough Council (BCBC) has been a significant and active partner in building an effective regional approach in Western Bay and has taken a key leadership role in shaping the strategic direction of travel and local service delivery. BCBC and the Bridgend Association of Voluntary Organisations (BAVO) will now be joining a new regional partnership in Cwm Taf and will be bringing ideas and new ways of working with them into the partnership arena.

### **6.2 Integrated Working**

BCBC and ABMUHB in partnership with the third sector, have developed integrated and joint models and approaches for community services for adults, based on pre-emptive early interventions, to ensure that people receive timely responses that are proportionate to their needs and risks, and that promote through co-produced approaches to people's independence, voice and choice.

The traditional models of service have been through a process of transformation that have evolved into the current approaches, which are consistent with the aspirations of the Social Services and Well-being Act and with the shift expected within Welsh

Government's *A Healthier Wales, Our Plan for Health and Social Care* are based on the following:

- Well-being and Prevention: Information advice and assistance, including local area coordination
- Early Intervention: reablement, progression and recovery approaches in the community
- Managed Care and Support: outcome based approaches to complex and long term care, as well as anticipatory coproduce contingency planning with people and their families.

Bridgend has a fully integrated approach to accessing community health and social care services, and third sector services, particularly for older and disabled people, and our Community Cluster Network Teams and our Community Resource Teams have fully integrated management arrangements which offer a proportionate and pre-emptive approach to intervention and support.

## 7. JOINT TRANSITION PROGRAMME

### 7.1 Joint Transition Board (JTB)

The Abertawe Bro Morgannwg University Health Board (ABMUHB) and the Cwm Taf University Health Board (CTUHB) resolved to jointly establish a Joint Transition Board (JTB) as a Joint Committee for both Boards from June 2018 to oversee, take forward and implement the decision of the Welsh Government to realign the Health Board (HB) boundaries for the Bridgend County Borough with CTUHB.

The membership included the Chairs and Chief Executives of each UHB, the Transition Programme Director, an Independent Member from each UHB, trade union Members from each UHB, Executive Directors and key officers as required. Other key members of the group included senior representatives from Bridgend County Borough Council (BCBC), a representative from the Wales Audit Office (WAO) in an observer/critical friend capacity, and a representative from the Welsh Government.

The Terms of Reference for the Joint Transition Board (JTB) are included at **Appendix 2**. The Scheme of Delegation for the JTB was agreed by both Health Boards in July 2018 and are included at **Appendix 3**.

The JTB met monthly and papers relating to the meetings of the JTB can be accessed on the web links below:

<http://www.wales.nhs.uk/sitesplus/863/page/97035>

<http://cwmtaf.wales/how-we-work/bridgend-boundary-change-joint-transition-board-jtb/>

#### 7.1.2 Key Principles

In June 2018, the JTB developed key principles that underpinned the work of the Bridgend Transition Programme and set the context of a commitment to maximise the opportunity to improve the health and well-being of the population served by both organisations and to support staff through the process of change. The key principles

were approved by both Health Boards in July 2018 to underpin the work of the Transition Programme and formed the basis by which ABMUHB and CTUHB have held themselves (and through the Joint Transition Board, each other) to account for delivery of the required changes.

The key principles are outlined below:

1. Continuity of the quality and delivery of patient care will be central to all actions and decision-making
2. There will be a continuous process of engagement and communication with staff and key stakeholders throughout the change programme
3. At all times there will be an 'open-book' approach to the sharing of information
4. Throughout the transition programme, opportunities will be actively explored for shared service arrangements that could improve quality and efficiency
5. Both Health Boards will work together with Welsh Government to ensure that neither population or organisation is disadvantaged by the operational or financial consequences of the changes
6. The principles of The Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) and the all-Wales Organisational Change Policy (OCP) will be applied to the transfer of staff associated with the changes
7. The commissioning responsibility for Health services for the Neath Port-Talbot and Swansea populations will be retained, in full, by ABMUHB. The continuity of any services into Neath Port Talbot Hospital from Bridgend is confirmed with service level agreements being put in place as appropriate and a supporting Memorandum of Understanding (MoU) is in place
8. The commissioning responsibility for Health services for the Bridgend population will transfer in its entirety to Cwm Taf UHB from 1 April 2019
9. The Provider responsibility for all NHS services to the Bridgend population will transfer to Cwm Taf UHB from 1 April 2019 unless there is a jointly agreed legitimate reason that the provision of a particular service should remain with ABMUHB either in the short-term (to mitigate de-stabilisation during the transition period) or on a more substantive basis where, for example:
  - A given service is part of a specialist service that ABMUHB already provides to the wider population
  - A single low volume or highly specialised service is currently provided to the Bridgend population from Swansea or Neath Port Talbot (or vice versa) and the critical mass is so small that legitimate concerns are raised about sustainability if disaggregated.

In all such instances, the commissioning responsibilities of Cwm Taf UHB for the population will be discharged through an appropriate Service Level Agreement (SLA).

10. The schedule of Provider functions to transfer will be agreed through the Joint Transition Board. In the unlikely event of any dispute between the respective Health Boards, the matter will be referred to the Chief Executive – NHS Wales for advice / decision in the context of (4) above
11. Welsh Health Specialised Services Committee (WHSSC) commissioned services for the Bridgend population were out-of-scope for consideration of any changes to Provider arrangements as part of this Programme.

In addition to the above, CTUHB are committed to doing everything possible during the Transition Programme to support ABMUHB in delivering the actions associated with their Targeted Intervention Programme as they relate to the Bridgend locality.

## 7.2 Joint Transition Programme Group (JTPG)

The JTB resolved to establish a Joint Transition Programme Group (JTPG) to support taking forward and implementing the decision taken by the Welsh Government to realign the Health Board boundaries for the Bridgend population into Cwm Taf. The JTPG met monthly and was chaired by the Transition Programme Director; working on behalf of both Health Boards.

The remit of the JTPG (whose membership was primarily made up of work stream leads), was to take forward and implement the agreed arrangements, directed by the JTB on behalf of the University Health Boards, to implement the decision of Welsh Government in line with the requisite to provide information for the proposed Boundary Change and Transfer Order(s). This has involved establishing the new arrangements by the proposed date of 1 April 2019, through the work of eleven work streams.

The Terms of Reference for the Joint Transition Programme Group (JTPG) are included at **Appendix 4**.

The JTPG were supported by twelve work streams.

People	Capital & Estates	Commissioning & Contracting
Performance	Facilities	Partnerships
Finance	ICT*	Quality & Patient Safety
Governance & Communications	Informatics*	Clinical Services

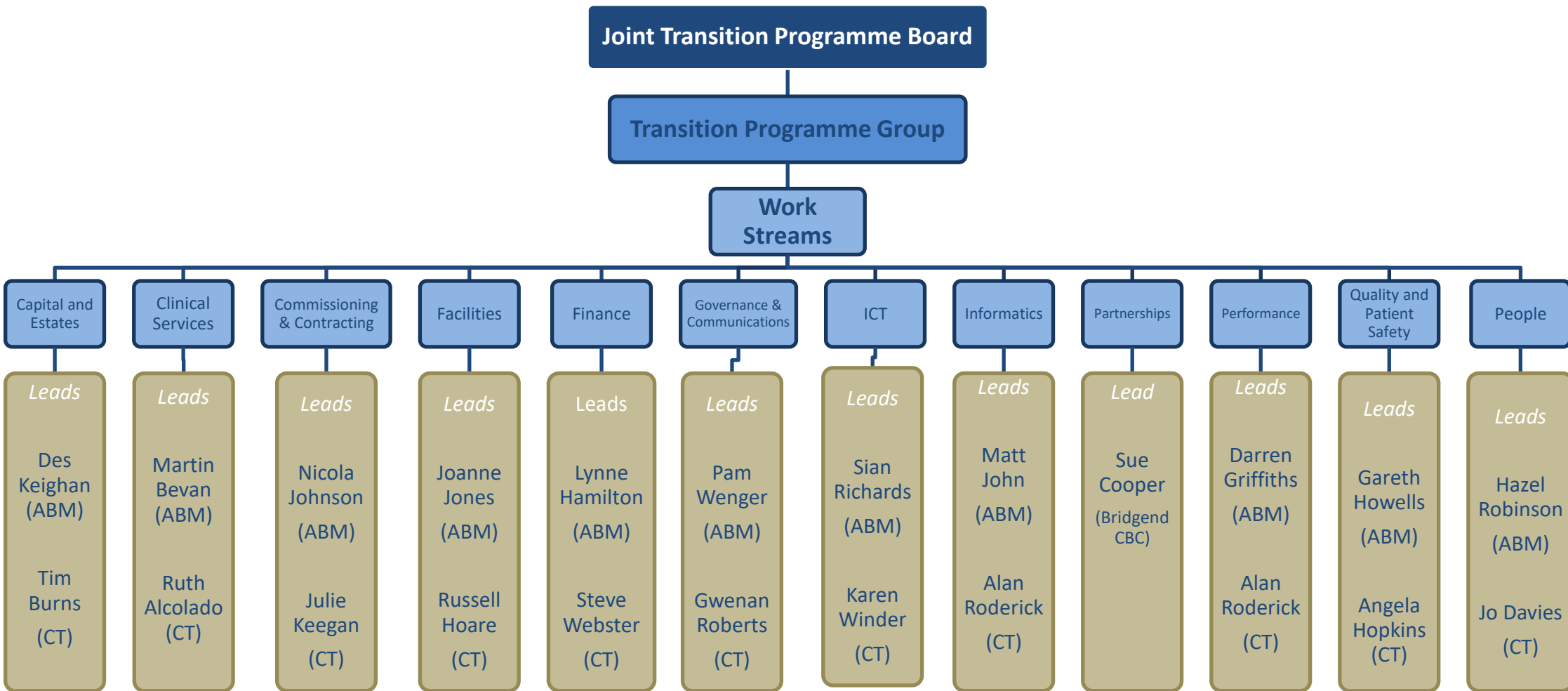
*\*Note the ICT and Informatics work streams merged together in October 2018 due to the synergies across each work stream and became the "ICT/Informatics Work stream".*

The Governance Framework of the Bridgend Transition Programme is outlined in Figure 1 below.

Papers relating to the meetings of the JTPG can be accessed on the intranet links below:

[http://ctuhbintranet/dir/Board/ABCT/JTPG/\\_layouts/15/start.aspx#/SitePages/Home.aspx](http://ctuhbintranet/dir/Board/ABCT/JTPG/_layouts/15/start.aspx#/SitePages/Home.aspx)

Figure 1 Bridgend Transitional Programme Governance Framework



### 7.3 Equality Impact Assessment (EIA)

The approach to the equality impact assessment (EIA) ensured a thorough process which combined the benefits of collaboration whilst also ensuring health boards met their individual legal responsibilities under the Equality Act 2010.

The following characteristics described below are not Protected Characteristics under the Equality Act 2010. However, they are key factors that influence healthy outcomes and underpin organisational values. Therefore the EIA also considered the impact concerning:

- Welsh Language
- Unpaid carers
- Socio-economic status.

A Stage 1 Equality Impact Assessment (EIA) was produced in September 2018. The Stage 1 EIA set out ABMUHB's initial considerations of the following questions:

- Do different protected characteristics groups have different needs, experiences, issues and priorities in relation to the proposed service changes?
- Is there potential for or evidence that the proposed changes will promote equality?
- Is there potential for or evidence that the proposed changes will affect different groups differently (positively or negatively)?
- If potential negative impact is identified, what changes can be made to eliminate or minimise the impact?

This Stage 2 Equality Impact Assessment (EIA) builds on the Stage 1 EIA by incorporating additional data, analysis and feedback from the engagement exercise undertaken with the public and ABMUHB staff.

This report is not intended to be a definitive statement on the potential impact of the proposed changes on protected characteristic groups, but to describe the understanding at this point in the process. The EIA process will help us to identify and address any gaps in our knowledge by engaging and consulting with the public and stakeholders.

The structure of the EIA document provides a common core and baseline for future engagement and consultation exercises. The Stage 2 EIA is presented at **Appendix 1** for information.

## 8. SUMMARY OF HANDOVER POSITION AS AT 31 MARCH 2019

Table 1 – Summary of Handover Issues Bridgend Boundary Change 31 March 2019

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
<b>QUALITY AND PATIENT SAFETY WORKSTREAM - LED BY GARETH HOWELLS (ABM) AND ANGELA HOPKINS (CT)</b>						
<b>Compliance with statutory and regulatory requirements</b>	<p>Summary Position on the following areas to be available on transfer:</p> <p>Healthcare Inspectorate Wales (HIW reports)</p> <p>South Wales Fire &amp; Rescue Service (SWF&amp;RS) Enforcement Notice</p> <p>Community Health Council (CHC) Reports</p> <p>Health &amp; Safety Executive Report (HSE) for POW</p> <p>Health Education &amp; Improvement Wales (HEIW) report</p> <p>Other areas including Regulation 24 reports; compliance with NICE guidance; compliance with Staffing structures – Nurse Staffing Levels (Wales) Act and Nursing and Midwifery Council (NMC)/General Medical Council</p>	<p>Impact to be scoped, development plans shared and recommendations from each report highlighted.</p> <p>Cwm Taf Quality Strategy 2018-2021 (does not yet include reference to Bridgend)</p> <p>Quality impact assessment matrix- QIA</p>	<p>Impact to be scoped, development plans shared and developed with the recommendations from each report progressed where applicable throughout the rest of ABMU.</p>	<p>Healthcare Inspectorate Wales</p> <p>South Wales Fire Service</p> <p>ABM Community Health Council (CHC)</p> <p>HSE</p> <p>HEIW</p>	<p>HIW reports + Action plan including status - relating specifically to services within the Bridgend services – see QPS legacy statement - See <b>Appendices 5 (01) - (44)</b>.</p> <p>Fire enforcement - relating specifically to services within the Bridgend services. <b>Appendix 5 Annexes (29) - (34)</b></p> <p>CHC issues + Action plan including status see QPS legacy log – <b>Appendix 5 - Annexes (17) – (28)</b></p> <p>H&amp;S issues potentially impacting on any facilities that CTUHB inheriting.</p> <p>Medical trainees report from HEIW – see <b>Appendix 5 Annex (42)</b>.</p>	<p>Gareth Howells - Supported by Debbie Bennion - Unit Nurse Director – POW</p> <p>Angela Hopkins</p>



Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
	(GMC)/Health and Care Professions Council (HCPC) issues.					
<b>Safeguarding and Public Protection</b>	<p>Deprivation of Liberty Safeguards (DoLS) services: (training and BIA assessments) Currently delivered "at risk" in ABMUHB therefore no staff resources available to transfer from ABMUHB.</p> <p>The current UHB management of adult-at-risk and professional concerns across Bridgend do not fully meet the requirements of the Social Services and Well-being (Wales) Act 2014 and statutory guidance; Working Together to Safeguard People:</p> <p>Volume 6 – Handling Individual Cases to Protect Adults at Risk. The process will need to change in order to observe current legislation and duty to report, which will represent a change of established practice for staff.</p> <p>As with ABMUHB, the future CTUHB provision unable to service Bridgend Multi Agency Safeguarding Hub (MASH) physically or virtually as there is no dedicated resource to cover.</p>	<p>Gap Analysis and options appraisal completed between ABMUHB and CTUHB and a position statement from each organisation is to be developed.</p> <p>To be presented at the Quality and Safety Summit on March 4 2019.</p> <p>This was also discussed and highlighted in the CTUHB Dragons Den planning session on the 20 February 2019.</p> <p>Safeguarding Pathway being developed</p> <p>Successful implementation and management of the change will require strong leadership and support from within the new organisation</p>	<p>Current resources being delivered "at risk" will be released.</p> <p>ABMUHB are fully involved in this work and will ensure a lawful process across ABMUHB.</p>	<p>Bridgend County Borough Council, Multi Agency Safeguarding Hub (MASH).</p> <p>Bridgend County Borough Council (BCBC), Multi Agency Safeguarding Hub (MASH)</p>	<p>Handover Legacy Document from Head of Safeguarding (HoS) ABMUHB to HoS CTUHB - see QPS legacy statement – <b>Appendix 5.</b></p>	<p>Gareth Howells – supported by Nicola Edwards</p> <p>Angela Hopkins supported by Louise Mann</p>
<b>Clinical Audit and Effectiveness</b>	<p>(POW) Currently non-compliant with a number of national audits and therefore an outlier e.g. Trauma, Audit &amp; Research Network (TARN)</p> <p>Potential 12 Month backlog to clear prior to 2019/20 audits commence.</p>	<p>CTUHB will become Non-Compliant with National Audits (Currently 100% compliant)</p> <p>Priority List for Audits to be developed and scope the audits, which are non-compliant – within this understand what is the risk and clarifying the mitigation.</p>	<p>ABMUHB will need to work towards full compliance with all National Audits.</p>	<p>Welsh Government</p>	<p>See QPS legacy statement – <b>Appendix 5.</b></p>	<p>Gareth Howells supported by Dr Richard Evans</p> <p>Angela Hopkins supported by Mark Townsend</p>
<b>Concerns (Complaints, Claims, Incidents, Patient Experience)</b>	<p>Ongoing concerns and claims to be concluded by ABMUHB.</p> <p>Historic Concerns and Claims arising in the future will be undertaken by ABMUHB working in partnership with CTUHB.</p>	<p>The Joint executive meeting 10/12/19 agreed that historic claims recorded before 31 March 2019 are not to transfer and that claims recorded after 1 April 2019 should transfer, and that this exception is set out in the Transfer Order.</p>		<p>Workforce and OD</p>	<p>See QPS legacy statement - <b>Appendix 5.</b></p>	<p>Gareth Howells supported by Hazel Lloyd.</p>

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
	Claims position statement	Claims/Complaints agreement post April 2019 – agreed by JTB and assurances provided to the Independent Members on the Joint Transition Board by Welsh Government.			Upcoming inquests, crown court appearances - see QPS legacy statement – <b>Appendix 5.</b>	Angela Hopkins supported by Ruth Friel.
<b>Policies</b>	<p>CTUHB clinical policies have been aligned with ABMUHB policies and then prioritised with those that need to be in place by 1 April 2019</p> <p>Some service areas within Bridgend locality will continue to follow ABMUHB Policies where services are not transferring to CTUHB and an SLA will be put in place. These include Pathology which covers:</p> <ul style="list-style-type: none"> <li>Blood services (procedures for Blood transfusion &amp; Massive Haemorrhage);</li> <li>Point of Care testing;</li> <li>Mortuary Services and consent for Post mortem.</li> </ul> <p>District nurses to continue using policies used prior to April 1st until policies reviewed.</p>	<p>Priority List of Policies requiring updating before 1st April 2019 and ongoing allocation to appropriate Clinical Leads for completion.</p> <p>Pathology Quality Manager raising the issue with CTUHB trainer in regards to the Post mortem consent training for Doctors within POW. Also access to policies for staff to ensure they use the correct one.</p> <p>Mitigating Action to ensure clarity for staff to be actioned.</p>			<p>List of clinical policies with tracker for them being updated by April 2020. See QPS legacy statement <b>Appendix 5.</b></p> <p>ABMUHB intranet link:  <a href="http://howis.wales.nhs.uk/sites3/page.cfm?orgid=743&amp;pid=74056">http://howis.wales.nhs.uk/sites3/page.cfm?orgid=743&amp;pid=74056</a></p> <p>CTUHB link to SharePoint  <a href="http://ctuhs-intranet.cymru.nhs.uk/useful/NUSIP/layouts/15/start.aspx#/SitePages/Home.aspx">http://ctuhs-intranet.cymru.nhs.uk/useful/NUSIP/layouts/15/start.aspx#/SitePages/Home.aspx</a></p>	Gwen Roberts supported by Kath Davies & Rachel Shaw
<b>Infection Prevention and Control (IPC)</b>	<p>The year-end IPC position statement to be confirmed and handed over – as per the IPC report</p> <p>Absence of Hydrogen Peroxide Vapour (HPV)/ Ultraviolet (UV) in cleaning schedules at POW</p>	Progress use of HPV/UV in cleaning schedules in POW	Nil		See QPS legacy statement – <b>Appendix 5.</b>	<p>Gareth Howells supported by Lisa Hinton</p> <p>Angela Hopkins supported by Bethan Cradle</p>
<b>Quality Improvement</b>	<p>Incident reporting and DATIX system</p> <p>Significant risk related to incident reporting post April 2019.</p> <p>1. The systems are at the moment not able to link together totally</p>	Key meeting 1 March 2019 with DATIX software company and Heads of Operational Health Safety and Fire from ABMUHB and CTUHB to see what is possible.			<p>Staff Information Intranet pages - DATIX Position statement:</p> <p>ABMUHB intranet link:</p>	Need to link in with the Governance work stream – For ABMUHB – Pam Wenger

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
	2. Current differences in the way incidents are logged between service delivery units in Bridgend and overall with Cwm Taf. The POW team have undertaken a lot of preparation for staff in POW training. Until the way forward is clearly understood re the DATIX system, this cannot be rolled out.				<a href="http://howis.wales.nhs.uk/sites3/page.cfm?orgid=743&amp;pid=74056">http://howis.wales.nhs.uk/sites3/page.cfm?orgid=743&amp;pid=74056</a>  CTUHB link to SharePoint <a href="http://ctuhsb-intranet.cymru.nhs.uk/useful/NUSIP/layout/15/start.aspx#/SitePages/Home.aspx/">http://ctuhsb-intranet.cymru.nhs.uk/useful/NUSIP/layout/15/start.aspx#/SitePages/Home.aspx/</a>	Angela Hopkins supported by Rebecca Thomas
PARTNERSHIPS - LEAD SUE COOPER BRIDGEND COUNTY BOROUGH COUNCIL (BCBC)						
<b>Partnership Working</b>	<ul style="list-style-type: none"> <li>Integrated community services with established Section 33 in place which includes jointly funded posts</li> <li>Schedule of staff working in 'partnership services' within Bridgend clarified and listed</li> <li>Position statement/Action plan with timeline for transfer of regional services produced. NB some areas require a transitional year through 2019/20</li> <li>BCBC and Bridgend Association of Voluntary Organisations (BAVO) have joined Cwm Taf Transformational Leadership Group (TLG) and Regional Partnership Board (RPB) in shadow capacity</li> <li>Schedule of regional funding streams produced</li> <li>Established regional integrated approaches with local service delivery funded through the Integrated Care Fund(ICF)</li> </ul>	<ul style="list-style-type: none"> <li>Some areas require a transitional year through 2019/20;</li> <li>Information sharing protocols needs to be established and signed;</li> <li>Regional funding – Bridgend needs ICF to be ring-fenced for 19/20 to ensure continuity of service during the transition.</li> </ul>	None identified	<ul style="list-style-type: none"> <li>ABMUHB Health Board;</li> <li>Swansea Council;</li> <li>Neath Port Talbot Council;</li> <li>Cwm Taf Health Board;</li> <li>Rhondda Cynon Taf Council;</li> <li>Merthyr Council;</li> <li>Bridgend Council;</li> <li>Third Sector</li> <li>ABMUHB; Health Board;</li> <li>Swansea Council;</li> <li>Neath Port Talbot Council.</li> </ul>	<ul style="list-style-type: none"> <li>Area Plans;</li> <li>Annual Reports;</li> <li>Social Services and Well-being (Wales) Act 2014 / Amendments to Partnership Regulations under Part 9 of the Act ;</li> <li>NHS Wales National Framework for Learning Disabilities and Mental Health.</li> </ul>	Sue Cooper

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
<b>CLINICAL SERVICES – LEADS MARTIN BEVAN (ABM) &amp; RUTH ALCOLADO (CT)</b>						
<b>All clinical services on agreed transfer list (August 2018) to be understood through clinical services review meetings.</b>	All of the clinical services on the transfer list (August 2018) have been reviewed as part of the agreed review process. This has been to establish the patient pathway through referral to treatment and discharge, highlighting issues that have potential to impact on a safe and effective transfer of services as of April 1st. In addition to the original 137 services identified, there were 14 other specialities / sub –services highlighted and reviewed.	Both organisations will be clear on the status of services transferring as of 1 April 2019.  Outstanding risks on the risk/issue log will be mitigated prior to 1 April. Those that do not have a clear mitigation plan will be escalated however it is not anticipated that there will be any significant issues to resolve.		<ul style="list-style-type: none"> <li>Local Authorities</li> <li>Third Sector</li> </ul>		Martin Bevan Ruth Alcolado
<b>Changes to agreed transfer list to be approved by clinical services work stream and executive teams.</b>	<p>The clinical services review process identified several services where the original assumption in respect of service transfer column was changed. These changes were recommended by the clinical leads and supported by the work stream as the consequence of proposed changes were deemed to have a negative impact on the quality and sustainability of service delivery. Services where column changes were recommended and approved by executive teams are listed below:</p> <ul style="list-style-type: none"> <li>Mortuary;</li> <li>Cellular Pathology / Cytology / Histology / Immunohistochemistry;</li> <li>Microbiology;</li> <li>Clinical Haematology;</li> <li>Pathology Services – POW;</li> <li>Point of Care Testing (POCT);</li> <li>Pulmonary Rehabilitation;</li> <li>Musculoskeletal interface Service (MCAS);</li> <li>Podiatry – Community;</li> <li>Home Enteral Feeding;</li> <li>Cardiac Rehabilitation;</li> <li>Oro-Maxillofacial Surgery;</li> <li>Special Care and Restorative Dentistry (GA);</li> <li>Veterans;</li> <li>Early Onset Dementia;</li> <li>Orthoptic Service;</li> </ul>	There are no additional services that require approval in respect of column changes. Those identified late on in the programme i.e. Rheumatology and MCAS have been highlighted through recognised routes for approval.			<ul style="list-style-type: none"> <li>Service Descriptors</li> <li>Patient Pathways</li> <li>Risk Log</li> </ul>	Martin Bevan Ruth Alcolado

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
	<ul style="list-style-type: none"> <li>• Rheumatology;</li> <li>• ADHD/ASD;</li> <li>• Medical Equipment Management Service;</li> <li>• Dermatology;</li> <li>• Sexual Health;</li> <li>• ENT;</li> <li>• Upper GI Cancer Surgery;</li> <li>• Upper GI Surgery.</li> </ul>					
<b>Patient pathway documents to be completed.</b>	Pathway documents for all clinical services reviewed have been completed and uploaded on to the joint transition programme share point.	Patient pathways and all documents related to the clinical services work stream will be available on SharePoint for both organisation to access as required.			<ul style="list-style-type: none"> <li>• Service Descriptors</li> <li>• Patient pathways</li> <li>• Risk and Issue</li> <li>• Logs</li> <li>• Service Transfer Completion Documents</li> </ul>	Martin Bevan Ruth Alcolado
<b>Clinical services to agree establishments required for safe clinical transfer.</b>	<p>As of March 2019, all of the services are undergoing a secondary review with service managers to ensure that they are safe to transfer and that there is a clear plan to sustain and deliver services that require SLA.</p> <p>Service managers, clinical work stream and other relevant work stream leads will be involved in signing off completed service transfer documents linking service descriptors to cost centres to provide assurance that services will be safe to transfer. It is recognised that in many services there will be a longer term programme of work required to fully split and align services within both new organisations.</p>	Agreement has been reached by service managers in both organisations as to what staffing and financial resource are required to deliver services as of 1 April. These agreements will ensure that services can be delivered safely in the first instance. It is however recognised that there will be longer term work required to align services within both organisations and to further understand the clinical and financial implications of service transfer.			<ul style="list-style-type: none"> <li>• Service Transfer Completion Documents</li> <li>• SLA Documents</li> </ul>	Martin Bevan Ruth Alcolado
<b>Agreement of timelines for services to disaggregate after 1st April 2019.</b>	<p>There are a number of services that due to the complexity of the current service delivery model will require a plan for disaggregation after 1st April 2019. Agreed timelines and services identified:</p> <ul style="list-style-type: none"> <li>• 2019/20 <ul style="list-style-type: none"> <li>○ Pathology Services;</li> <li>○ Home Enteral Feeding Contract;</li> <li>○ Rheumatology;</li> </ul> </li> </ul>	<p>A timeline for services to disaggregate has been agreed by clinical services work stream leads throughout the programme. It is recognised that the initial timeframe is dependent on other factors including the progress of ICT and estates work programmes.</p> <p>There will need to be a collaborative approach within and between each organisation to prioritise the order in which services are disaggregated and to develop a clear plan of how this will be achieved and evaluated.</p>				Martin Bevan Ruth Alcolado



Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
	<ul style="list-style-type: none"> <li>○ Sexual Health;</li> <li>○ Out of Hours (OOH) / 111 Service;</li> <li>○ Radiology.</li> <li>• 2021/21: <ul style="list-style-type: none"> <li>○ Oral and maxillofacial (OMF) surgery;</li> <li>○ Pulmonary Rehab;</li> <li>○ MCAS;</li> <li>○ Podiatry.</li> </ul> </li> </ul>					
<b>HMP Parc Prison Legacy Document</b>	<p>Primary Care services are run by G4S Health Services. The service is nurse-led with GP, Dental, Optician, Physiotherapy and Podiatry sub-contracted.</p> <p><u>GP</u> – the GP provision is sub-contracted to Marnell Medical Services. The contact has been in place for 2 years. Marnell Medical services is run by a very experienced prison GP who conducts regular sessions at the prison, along with her team of 6 regular GPs and a prescribing pharmacist who conducts medication reviews.</p> <p><u>Dental</u> – the dental provision is sub-contracted to Time for Teeth. This is a long term contract.</p> <p><u>Physiotherapy</u> – the physiotherapy provision is sub-contracted to Active Health Professionals.</p> <p><u>Podiatry</u> – the podiatry provision is sub-contracted to Premier Physical Health. HMP Parc have had concerns about this service as the number of sessions was insufficient to meet patient need, largely due to the increase in the elderly population.</p> <p><u>Secondary Care</u> If patient needs cannot be met under Primary Care Services, patients will be referred to Secondary care services where</p>	<p>There are quarterly Clinical Governance and Medicines Management Meetings which are chaired by the Head of Healthcare and attended by all relevant parties. Clinical Incidents are reported electronically on the G4S CIPI system. All staff have access and are encourage to report. CIPIs are then assigned to appropriate managers (depending on severity) for investigation and closure.</p> <p>Partnership Board meetings are also held on a quarterly basis.</p> <p>All Deaths In Custody are reviewed by the Clinical Director of G4S Health.</p>		<p>HM Prison Service – HMP Parc</p>	<p>HMP Parc Prison Legacy document – <b>see Appendix 6.</b></p> <p>HMP Parc Prison In Reach SBAR <b>Appendix 6(a).</b></p> <p>HMP Parc Prison MH In Reach Team <b>Appendix 6(b)</b></p> <p>HMP Parc Prison Letter to WG MH Services <b>Appendix 6(c)</b></p> <p>RCOP Review MH Services HMP Parc Prison <b>Appendix 6(d)</b></p> <p>In Reach Patient Data HMP Parc Prison <b>Appendix 6(e)</b></p> <p>Letter re provision of MH services to older adults HMP Parc Prison <b>Appendix 6(f)</b></p> <p>Thematic Analysis of MH Services HMP Prison In Reach Services <b>Appendix 6(g)</b></p>	<p>Debbie Bennion, Unit Nurse Director, Princess of Wales Delivery Unit</p>

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
	<p>access can be gained to the following by visiting professionals:</p> <ul style="list-style-type: none"> <li>Children &amp; Adolescent Mental Health Services (CAMHS)</li> <li>In Reach</li> <li>Outside hospital (patients are referred by GPs in the usual way for outside hospital appointments and wait times are monitored weekly)</li> <li>Genitourinary (GU) consultant</li> <li>Blood Borne Viruses (BBV) Clinical Nurse specialist</li> <li>Diabetic Retinopathy screening</li> <li>Abdominal aortic aneurysm (AAA) screening</li> <li>Bowel screening</li> </ul>				<p>Secure Estates Monthly Overview <b>Appendix 6(h)</b></p> <p>Bridgend Prison Health &amp; Care Partnership Agenda <b>Appendix 6(i)</b></p> <p>Bridgend Prison Health &amp; Care Partnership Notes <b>Appendix 6(j)</b></p> <p>HM Inspectorate of Prisons Unannounced inspection of Young Persons Unit at HMP &amp; YOI Parc Prison <b>Appendix 6(k)</b></p> <p>Partnership Agreement HMP Parc Prison <b>Appendix 6(l)</b></p> <p>Bridgend Prison Health Partnership Agenda <b>Appendix 6(m) (also sub appendices 6(m) 01 – 6(m)12)</b></p>	
<b>CAPITAL &amp; ESTATES - LEADS DES KEIGHAN (ABM) AND TIM BURNS (CT)</b>						
<b>Register of Estate to transfer to CTUHB</b>	Handover of properties has been agreed	<p>Property list has been shared. Transfer of ownership is underway and is due to be completed by 1 April 2019. Risks identified:-</p> <p>There are a number of existing arrangements with third parties including BCBC, Social Services and some of the Regional Services. It has been agreed all informal existing arrangements will be honoured but reviewed within the first year and put onto a more formal footing.</p>	N/A	Retained ownership of LD properties is understood and arrangements in place via SLA for their maintenance, to be agreed before 1 <sup>st</sup> April 2019.	List of Properties to Transfer – see <b>Appendix 7.</b>	Des Keighan, ABMUHB Tim Burns, CTUHB

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
<b>Engagement, involvement and communications plan</b>	Not applicable (N/A) to services, however, all internal staff affected by the transfer have been advised and TUPE process has been completed for those staff.	Whilst the transfer of staff has been resolved, Bridgend staff do not receive Recruitment & Retention Payment (RRP) payments, therefore, this has been identified as a risk, as staff will claim that they are entitled to this payment. Potential risk in the region of £65K.	N/A	N/A	Agreed list of staff – contact workforce team for list of staff.	Des Keighan, ABMUHB Tim Burns, CTUHB
<b>Protocol for handing residual matters</b>	This needs to be agreed, however, in the first instance these will be dealt with via the monthly Service Level Agreement (SLA) meetings. Issues can be escalated through the Estates Management structure, to the Authorised Officer.	It is recognised that there will be issues affecting the services both Management Teams understand that communication needs to continue after 1 April 2019. Management Teams to meet monthly in the first instance, to ensure any issues are addressed.	It is recognised that there will be issues affecting the services both Management Teams understand that communication needs to continue after 1 April 2019. Management Teams to meet monthly in the first instance, to ensure any issues are addressed.	ABMUHB/CTUHB	Protocol for resolving issues.	Des Keighan, ABMUHB Tim Burns, CTUHB
<b>New operational management and structures</b>	Each of the Management Teams has developed their proposed Management Structure for post transfer of services.	CTUHB will transfer the Estates Management Structure as it stands on 1 April 2019. A review of the management structures will be undertaken in the first year, with an interim management structure agreed in principle.	The management structure will only change in respect of the Bridgend Department who will be removed from the Management Structure.	The management structure will be reviewed in the 1 <sup>st</sup> year.		Des Keighan, ABMUHB Tim Burns, CTUHB
<b>Capital Projects register – for all live and recently completed projects</b>	A list of Capital Projects and their documentation has been provided for all “live” and completed projects.	Arrangements are in place to take on the management of “live” projects where identified. ABMUHB will retain responsibility for the installation of fire dampers above the Theatres at POW until the work is completed.	ABMUHB will retain the management of specific capital projects as agreed with CTUHB	ABMUHB/CTUHB		Des Keighan, ABMUHB Tim Burns, CTUHB
<b>Contracts register – for all maintenance contracts</b>	A list of all contracts has been prepared in partnership by ABMU/CTUHB and NHS Wales Shared Services Partnership (NWSSP).	Existing contracts will be honoured and when they expire Cwm Taf UHB will look to harmonise with existing contract arrangements they have in place.	N/A	NHS Wales Shared Services Partnership (NWSSP)	List of Contracts Register – see <b>Appendix 8.</b>	Des Keighan, ABMUHB Tim Burns, CTUHB
<b>Documents register and all contract documents for capital projects</b>	All project files associated with the Bridgend properties have been collated. ABMU have agreed that they will be taken to CTUHB w/c 25th March 2019.	Cwm Taf UHB to transfer this information to their existing Information Management systems. It is hoped this will be completed within 6 months of the transfer of services.	N/A	Capital Projects	Project Folders	Des Keighan, ABMUHB Tim Burns, CTUHB
<b>Register of Key roles – including identification of AP, AE roles</b>	A register of key roles has been completed, including AE and AP's	Cwm Taf UHB have received AP information for the Bridgend properties. Will need to ensure the AP's have suitable training programme in place to maintain their accreditation.	N/A		List of AP's	Des Keighan, ABMUHB Tim Burns, CTUHB



Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
<b>Record of condition survey and backlog for all properties to be transferred</b>	A 4 facet condition survey has been completed and will be shared with Cwm Taf colleagues prior to the handover on 1 April 2019.	A 4 facet condition survey information will be passed to Cwm Taf UHB. This will need to be imported into their existing Information Management systems.	The completion of the 4 facet survey will be used to assess the need for ABMUHB to undertake the same exercise for their remaining properties.	Oakleaf Surveyors	4 Facet Survey to be sent under separate cover.	Des Keighan, ABMUHB Tim Burns, CTUHB
<b>Register of legacy accommodation requirements and Service level agreements (SLAs)</b>	Draft SLAs have been completed. Comments received from Cwm Taf colleagues. Further amendments required and meetings required to finalise and agree the SLAs.	SLA responsibilities need to be finalised and agreed prior to transfer of services on 1 April 2019.	SLA responsibilities need to be finalised and agreed prior to transfer of services on 1 April 2019.	ABMUHB/CTUHB	SLAs will be forwarded once finalised and agreed.	Des Keighan, ABMUHB Tim Burns, CTUHB
<b>Operational policies and practices for the maintenance of estates</b>	Operational policies have been shared. Existing policies will remain in place until Cwm Taf implement their own policies.	Cwm Taf will review existing policies and bring them in line with their procedures over the next 12 months.	N/A	ABMUHB/CTUHB	Policies shared under separate cover.	Des Keighan, ABMUHB Tim Burns, CTUHB
<b>Staff training database for all staff to be transferred</b>	All personal files held in the Estates Department to be transferred to Dewi Sant Estates offices as of 1 April 2019. Records of all staff training also to be shared and transferred at the same time.	Integration of staff records into Cwm Taf UHB's existing management systems to be completed within 3 months of transfer of services.	N/A	ABMUHB/CTUHB	All staff files and training records to be shared under separate cover.	Des Keighan, ABMUHB Tim Burns, CTUHB
<b>Help desk policies and operating procedures</b>	SLA for Helpdesk services has been shared in draft and a formal meeting is required to finalise and agree.	An SLA has been agreed for the first year. Monitoring arrangements have been agreed as part of the SLA, as have the services to be provided. This will be reviewed within the first year and a decision made whether to extend beyond the first year.	An SLA has been agreed for the first year. Monitoring arrangements have been agreed as part of the SLA, as have the services to be provided. This will be reviewed within the first year and a decision made whether to extend beyond the first year.	ABMUHB/CTUHB	SLAs	Des Keighan, ABMUHB Tim Burns, CTUHB
<b>Copies of Statutory documents to be provided for Legionella Risk Assessments and Asbestos Risk Register.</b>	Asbestos surveys are currently being undertaken for the Bridgend properties. Completed documents will be passed to Cwm Taf UHB prior to the transfer of services on 1 April 2019.  Legionella/Water Risk Assessments have been provided in draft and access to the portal to view these risk assessments being given to the POW staff to allow access. The aim is to agree risk assessments prior to 1 April 2019 and arrangements have been made for Cwm	Cwm Taf UHB will need to incorporate this information within their existing management arrangements. It is hoped this will be completed within 6 months.  A decision will be made whether to retain the use of the portal to review the risk assessments or incorporate this information within the existing Information Management arrangements in place.	N/A  N/A	Anchem Laboratories Limited  Urban Environmental Systems.	Asbestos Register Risk  Water Assessments Risk	Des Keighan, ABMUHB Tim Burns, CTUHB

[illegible]

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
	<p>extends over land that was previously sold.</p> <p>As these rights form part of the ownership of the site they will transfer to Cwm Taf along with the rest of the property. These are not a separate part of the site although they could be sold off separately.</p> <p>The fishing rights were a contentious issue for over 30 years and in the early 90's ended in a High Court Legal Case which the then Mid Glamorgan Health Authority entered into with other Riparian owners along the river against local angling clubs. The rights are all registered with Land Registry but every few years something arises when the HB has to object to claims that are made by other parties on ownership to Land Registry and does this jointly in partnership with the other Riparian owners. These claims came to nothing once the High Court judgement was re-provided.</p> <p>The fishing rights have been identified to the Property Group but I would emphasise that they have not been identified separately in the transfer document as they are part of the Glanrhyd Estate. There is a file which includes all the correspondence on the matter and a copy of the High Court Judgement which is included in the folders and files that are ready to be transferred to Cwm Taf by the transfer date. In addition Clive Ball, Head of Property at NWSSP has been involved in this matter.</p>					

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
<b>PEOPLE - LEAD CERI ANN HUGHES (ABM) HYWEL DANIEL (CT)</b>						
<b>6.1 Transfer Order</b>	The Transfer Order agreed by Welsh Government prior to 1 April 2019.	None	None		Transfer Order from Welsh Government  <b>See Appendix 10.</b>	Alison Phillips
<b>6.2 Workforce Risk Register</b>	Workforce risk register has been maintained, reviewed and updated regularly throughout the duration of the project.  Mitigation has been put in place for all risks identified with many risks being closed as the project progressed with high level risks escalated to the Transition Programme Group.	Cwm Taf will continue to work with ABMU and other key partners (e.g. E-Systems providers) to ensure that the risks are reduced to a minimum in the approach to the transfer date.		e-systems providers	People Work Stream Transition Risk Register	Angela Jones Or Ceri-Ann Hughes
<b>6.3 Education Commissioning Templates</b>	Work is in progress.					Angela Jones Or Ceri-Ann Hughes
<b>6.4 Employee Liability Information (Schedule 11, TUPE Regulations)</b>	Employee liability information in relation to the staff identified to transfer has been provided by ABMU in advance of the 15 days legal requirement.	Employee liability information provided is being scrutinised to ensure all legally required information has been included.  Data will be uploaded to Cwm Taf electronic systems  Cwm Taf will use this information to assess risk , identify employee costs and to assess inherited liabilities related to employment issues  Further information will be required in relation to the staff are identified in the latter stages of the project.	ABMUHB will need to provide information in relation to the additional staff identified for transfer in the latter stages of the project.		Employee Liability documents	Angela Jones Or Ceri-Ann Hughes
<b>6.5 Workforce Systems Analysis</b>	Work commenced but more to do					Angela Jones Or Ceri-Ann Hughes
<b>6.6 Information Governance / Transfer of Records</b>	The ABMUHB Information Governance (IG) team have developed a staff privacy notice in conjunction with CTUHB.				Staff Privacy Notice – See <b>Appendix 11.</b>	Angela Jones Or Ceri-Ann Hughes

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
<b>6.7 Clinical Risk Register / Clinical Governance Audits (Occupational Health)</b>	To be commenced					
<b>6.8 Workforce Information Transfer (ESR)</b>	<p>A detailed action plan to ensure the transfer of ESR records across organisations has been developed in collaboration with NWSSP Digital Workforce Solutions detailed work required and timeline for ABMUHB, Cwm Taf and IBM.</p> <p>The transfer of ESR records process is reliant on IBM transferring the bulk of staff records (3,127 staff) from ABMUHB ESR VPD to Cwm Taf ESR VPD via the Mass Organisational Change Process (MOCP). IBM have provided confirmation that they will be in a position to deliver the transfer of records subject to criteria being met at both organisations and by payroll in a timely manner i.e. identification or records to transfer (ABMUHB) creation of receiver node (CT) and assignment set to be created (payroll.)</p> <p>The MOCP will be tested &amp; errors identified &amp; rectified prior to running in the live environment to mitigate risk.</p> <p>Staff identified for transfer at later stages will not be included in MOCP process due to deadline requirements and so will require manual transfer.</p>	<p>IBM are scheduled to transfer ESR records from ABMU to Cwm Taf weekend of 6/7 April 2019. Mitigation is in place if record transfer does not proceed as expected – staff will be paid from ABMUHB but cost re-charged to Cwm Taf UHB.</p> <p>Cwm Taf will have considerable ongoing work post transfer to map transferred staff and positions into existing ESR structures and hierarchy.</p> <p>Impact of different Finance systems e.g. on cost codes and implications for positions to be assessed post transfer of records. Potentially new positions to be created, plus data validation required on transferred data.</p> <p>Manual entry required of open ended sickness absence records, maternity, paternity &amp; adoption leave required in conjunction with NWSSP payroll</p>	<p>IBM scheduled to transfer ESR records from ABMU to Cwm Taf weekend of 6/7 April 2019.</p> <p>Final SIP list required by IBM 18 March 2018</p>	<p>IBM</p> <p>NWSSP Digital Workforce Solutions</p> <p>NWSSP Payroll Services</p> <p>Finance Work stream</p>	<p>ESR Action Plan</p> <p>Final SIP list</p>	<p>Angela Jones Or Ceri-Ann Hughes</p>
<b>6.9 Facilities Time and Facilities Agreement</b>	Discussions have taken place but more to do					Angela Jones Or Ceri-Ann Hughes
<b>6.10 Local Policies</b>	A list has been collated of all CT and ABMUHB workforce policies.	TUPE protects the contractual entitlements and most of the employment policies of ABMUHB and		Workforce Policy Review Group composing of	A list of policies including a list of all workforce policies	Claire Nicholas,



Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
	<p>A scoping exercise has been undertaken to determine the differences between CT and ABMUHB policies.</p> <p>At the end of March an electronic copy of ABMUHB policies will be saved and uploaded onto the CT intranet.</p>	<p>CTUHB are normally agreed all-Wales policies that are adopted by both Health Boards.</p> <p>Other policies will be reviewed in partnership by the Workforce Policy Review Group.</p>		WOD staff, managers and staff side.	mentioned in the all Wales Contract. See <b>Appendix 12.</b>	Head of Workforce Improvement and Efficiency.
<b>6.11 Training Records</b>	To be clarified following privacy notice for staff					Angela Jones Or Ceri-Ann Hughes
FACILITIES – LEAD PETER JONES (ABM) & RUSSELL HOARE (CT)						
<b>Housekeeping</b>	Housekeeping services within the Bridgend region are transferring in their entirety to CTUHB. All staff and budget will transfer with the service.	<p>The Credits for Cleaning system needs to be expanded to include Bridgend sites and the historical data needs to be transferred to allow for continuity of performance management. The cost pressure for this has not yet been identified</p> <p>Hydrogen Peroxide Vapour (HPV) needs to be put into service. This will require capital funds.</p>	<p>SLA agreements are in place for the provision of housekeeping services to a number of ABMUHB sites e.g. Taith Newydd, Rowan house etc.</p> <p>ABMUHB will have a reduced management and technical services support workload as a direct result of this Bridgend service transferring to CTUHB.</p>	Workforce ICT Procurement	<p>List of Facilities policies &amp; SOPS (Housekeeping Policy, procedures and Standards Operating Procedures (SOPs) ) <b>See Appendix 13.</b></p> <p>IP&amp;C Facilities transformation log <b>See Appendix 14.</b></p> <p>Facilities Service SLA <b>See Appendix 15.</b></p>	Peter Jones
<b>Patient Feeding</b>	Patient Feeding services within the Bridgend region are transferring in their entirety to CTUHB. All staff and budgets will transfer with the service.	Current meal provision for 1 x ward at Glanrhyd by CPU at Singleton has been reviewed and meals will now be provided by CTUHB Central Processing Unit in Treorchy (CPU).	SLA agreements are in place for the provision of patient feeding services to a number of ABMUHB sites e.g. Taith Newydd, Rowan house etc.	Catering Teams Procurement Finance Workforce	Facilities transformation log <b>See Appendix 14.</b>	Peter Jones

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
		Service model to be reviewed as part of transformation agenda: 1) Consistency of service standards 2) Meal provider 3) Investment required in main kitchen/ward kitchens	Potential for Singleton CPU to have reduced demand.  ABMUHB will have a reduced senior management services support workload as a direct result of this Bridgend service transferring to CTUHB.		Facilities Services SLA <b>See Appendix 15.</b>  Catering policies and procedures	
<b>Commercial Catering</b>	Pricing structures and menu choices in HB operated restaurants and coffee shops is disparate and long term will need to be aligned to a single brand, offering and price. Additionally there is a franchise Costa in POW which does not align to the current CTUHB strategy. The services in the Bridgend region will continue as per current provision and transfer in their entirety.	The alignment of brand, pricing and offering will need to be taken forward as part of transformation post 1 April 2019. Contractual agreements for the Costa franchise will also need to be reviewed.	Finance will need to ensure card readers in Bridgend restaurants are updated with CTUHB bank information so that the income goes to the correct organisation.  ABMUHB will have a reduced senior management services support workload as a direct result of this Bridgend service that is transferring to CTUHB.	Finance Catering Teams	Facilities transformation log <b>See Appendix 14.</b>  Costa contract Catering policies and procedures	Peter Jones
<b>Porter Services</b>	Porter services within the Bridgend region are transferring in their entirety to CTUHB. All staff and budget will transfer with the service.	The Porter Trac system needs to be expanded to include Bridgend sites and the historical data needs to be transferred to allow for continuity of performance management. The cost pressure for this is estimated to be £5k.  Porter security staff operate at different band to CTUHB. Will need to be reviewed as part of transformation work.	An SLA has been agreed for the provision of porter services to the Caswell clinic and Taith Newydd (as per existing service standards).  CTUHB porter services will support any ad hoc transport requests and an SLA has been agreed to define these arrangements.  ABMUHB will have a reduced senior management and technical services support workload as a direct result of this Bridgend service that is transferring to CTUHB.	Workforce ICT Procurement	Porter Services Standards Operating Procedure (SOP)	Peter Jones
<b>Security</b>	The current security service and management arrangements will transfer to CTUHB.	The service specification is different to the security service in CTUHB and will be reviewed as part of the transformation agenda. 3x Whole Time Equivalent (WTE) posts funded By ABMUHB for POW service will transfer and be included in budgets for post April 2019.	Funding for 3xWTE security has transferred to CTUHB which is unlikely to cause other funding implications for ABMUHB as funding was only up until 31/3/19.  ABMUHB will have a reduced management, technical services	Facilities team	Security Policy Security Specification Facilities  Facilities transformation log <b>See Appendix 14</b>	Peter Jones

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
		<p>No management resource transferring from ABMUHB for this service technical management.</p> <p>A proposal for staff has been presented to the Finance team for funding approval as part of budget workforce funding transfer requirement.</p>	support workload as a direct result of this Bridgend services transferring to CTUHB.		Facilities Policies and procedures <b>See Appendix 13.</b>	
<b>Clinical Engineering</b>	<p>Clinical engineering in Bridgend to transfer to CTUHB.</p> <p>SLA required for the Anaesthetic maintenance service to enable recruitment and training of staff to provide service.</p> <p>Medical device training identified as a risk due to no staff transferring.</p>	<p>SLA documentation developed for the Anaesthetic maintenance to enable recruitment and training for CTUHB to complete this service. Resources agreed and recruitment started.</p> <p>Medical device training risk – resources have been identified and a proposal for additional staff has been presented to the Finance team for funding approval as part of the budget, workforce funding transfer requirement.</p> <p>No technical and admin resource transferring from ABMUHB for certain aspects of this service.</p> <p>CTUHB will need to restructure Clinical Engineering for all sites.</p> <p>Proposal for staff resource restructure presented to Finance for funding approval as part of budget workforce funding transfer requirement.</p>	<p>Provision of Anaesthetic maintenance under SLA required short term</p> <p>ABMUHB will have a reduced management, technical services and administrative support workload as a direct result of this Bridgend service that is transferring to CTUHB.</p>	<p>Clinical Engineering</p> <p>MEMS</p> <p>Finance</p> <p>Workforce</p>	<p>Clinical Engineering SLA <b>See Appendix 16.</b></p> <p>Facilities Policies and procedures <b>See Appendix 13.</b></p> <p>Training Needs</p>	Wayne Goodfield
<b>Bed Maintenance Management</b>	<p>Bed maintenance PPM service provided by Arjo and managed by the Estates team in ABMUHB.</p> <p>Complete asset list and costs associated with service to be identified to enable service transfer to CTUHB.</p>	<p>1x WTE Band 4 administrative resource implication for CTUHB Clinical Engineering to continue to provide service.</p> <p>Proposal for additional staff presented to Finance for funding approval as part of budget workforce funding transfer requirement.</p> <p>Hospital bed management is managed by the POW site management team</p>	Provision of asset lists and costs outstanding and remain to be fully provided by ABMUHB.	<p>Facilities Team</p> <p>Estates</p> <p>Arjo</p> <p>Workforce</p> <p>Finance</p>	PPM details Contract	Wayne Goodfield



Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
		Operations team who are transferring to CTUHB.				
<b>Laundry</b>	CTUHB laundry currently provides Linen and Laundry services to the Bridgend region of ABMUHB. There are no changes to this arrangement due to the boundary change.	There are no implications for CTUHB.	There are no implications for ABMUHB.	None	None	Jeff Chard (Laundry Manager)
<b>General Office</b>	The general office in the Bridgend region is managed by the Service Directors office and will not transfer to Facilities from 1 April 2019.	Continue to manage CTUHB general offices. Potential for alignment of service and management of Bridgend general office which will need to be considered post 1 April 2019 as part of transformation work.	There are no known implications for ABMUHB as general offices in the Bridgend region are managed by POW Chief Operating Officer (COO) team and will transfer in their entirety to CTUHB.	Service directors office Facilities Team Workforce	Facilities transformation log <b>See Appendix 14.</b>  Financial standing instructions  Policies/procedures relating to individual task completed	Wayne Lewis Jacky Griffiths
<b>Admin/Facilities Helpdesk</b>	There are currently no staffing on financial issues with this service both at CTUHB and the staff transferring in the Bridgend region. Future workload may change to meet directorate needs and there will be a full review to identify and respond to any workload implications to ensure that Bridgend region tasks currently completed by Swansea based personnel will continue.	No implications for the current team. A service review will be required to form an integrated service desk team to provide for the needs of the revised HB boundary. This will be taken forward as part of the transformation agenda.  Proposal for staff presented to Finance for funding approval as part of budget workforce funding transfer requirement.	There are no known implications for ABMUHB.  No management or staff technical resource transferring from ABMUHB for this area of service.	Facilities team	Facilities transformation log <b>See Appendix 14.</b>	Wayne Lewis Jacky Griffiths
<b>Switchboard</b>	It has been agreed that the switchboard at POW will be separated so that both health boards deal with their own calls. The WTE has also been agreed based on information available.  ICT are responsible for diverting ABMUHB calls from POW switchboard to the switchboard in Neath Port Talbot.	ICT need to complete the call diversion work – if there are delays there will be implications for CTUHB. If call volumes differ to those anticipated there will be resourcing implications.  On call and major incident contact details have now been provided.  Switchboard Action cards are being updated.  There may be a need to align the POW switchboard with the single CTUHB switchboard as part of the transformation work.	ICT need to complete the call diversion work – if there are delays there will be implications for ABMUHB.  To mitigate if calls do not transfer as planned on switch over to ABMUHB, then the POW team will pick up calls until technical issues are resolved.  If call volumes differ to those anticipated there will be resourcing implications.  A service risk is identified if on call and major incident contact details are not provided by 1 April 2019.	ICT Civil Contingencies Facilities Team	On Call and major incident contact details  Facilities transformation log <b>See Appendix 14.</b>  Updated contact lists for all staff	Wayne Lewis Jacky Griffiths

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
		<p>No management or staff technical resource transferring from ABMUHB.</p> <p>A proposal for staff has been presented to the Finance team for funding approval as part of budget workforce funding transfer requirement.</p>	<p>ABMUHB will have a reduced management and technical services support workload as a direct result of this Bridgend service that is transferring to CTUHB.</p>			
<b>Environmental Management System (EMS)/ ISO 14001</b>	<p>All previous non-conformities to be addressed by ABMUHB prior to handover. SGS UK scope for CTUHB is being widened to include Bridgend region sites – a phased approach has been identified to minimise the risk of losing the ISO14001 certification.</p>	<p>Need To ensure current expenditure for Bridgend ISO transfers to mitigate potential cost pressure. There will be an extra ordinary unfunded cost pressure for the transfer of scope and external audit costs. There is an additional issue of no designated staff in Bridgend so there is a resource shortfall. Funding has been requested for additional resource to continue to manage this service.</p> <p>There are also implications relating to the risk of losing the ISO 14001 certification during the transition to the revised boundary, this has been mitigated by the implementation of a phased approach agreed with the auditors.</p> <p>A detailed plan is in place with the auditors to mitigate this.</p> <p>No staff technical resource transferring from ABMUHB.</p> <p>A proposal for staff has been presented to Finance for funding approval as part of budget workforce funding transfer requirement.</p>	<p>There is a risk relating to available resource to provide CTUHB support during the transfer period (access to records etc.). This will enable a consistent approach to EMS management.</p> <p>ABMUHB will have a reduced management, technical services and administrative support workload as a direct result of this Bridgend service that is transferring to CTUHB and there will be a reduced workload as a consequence.</p>	<p>Facilities team Estates team Procurement Finance Workforce STG auditors</p>	<p>Facilities Transition SBAR <b>See Appendix 17.</b></p> <p>Facilities Transformation log <b>See Appendix 14.</b></p> <p>Transition agreed property list. <b>See Appendix 7.</b></p> <p>ISO14001 audit documents EMS system documents Environmental Policy</p>	<p>Russell Hoare Dave Williams</p>
<b>Waste</b>	<p>All waste contract details identified and revised licences have been procured in readiness for 1 April 2019. ABMUHB has identified costs associated with sites transferring to CTUHB. Work continues to identify if a SLA is required for the Caswell clinic and Taith Newydd or if separate contracts can be put</p>	<p>All licences updated and contracts will be put in place with Waste collectors to continue to provide a waste service to CTUHB owned premises in the Bridgend region. Work is progressing on a requirement for an SLA for Caswell clinic and Taith Newydd awaiting final agreement</p>	<p>ABMUHB will continue to provide a waste service to all ABMUHB owned buildings in the Bridgend region Costs associated with CTUHB owned buildings provided 1xWTE member of the estates staff transfer to CTUHB as they are based in the waste compound at POW.</p>	<p>Facilities Team Finance Procurement Workforce</p>	<p>Facilities Services SLA - <b>See Appendix 15.</b></p> <p>Waste policies and procedures</p>	<p>Wayne Lewis Wayne Burnett</p>

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
	in place with waste collectors for these clinics based in Glanrhyd hospital.	<p>At home clinical waste collections will continue via Stericycle but will require review.</p> <p>No staff technical resource transferring from ABMUHB.</p> <p>A proposal for staff has been presented to Finance for funding approval as part of budget workforce funding transfer requirement.</p>	ABMUHB will have a reduced management, technical services and administrative support workload as a direct result of this Bridgend service that is transferring to CTUHB.			
<b>Transport &amp; Travel</b>	<p><b>WAST – NEPTS SLA</b></p> <p>The Bridgend element of the Welsh Ambulance Services Trust (WAST) Non-emergency Patient Transfer Service (NEPTS) is to transfer to CTUHB. It has been agreed that the activity associated with Bridgend be used as the metric to determine the level of funding to be transferred. Activity has been identified and agreed as 20%.</p>	No adverse implications.	No adverse implications.	ABMU, CTUHB, EASC, WAST. Facilities Team Finance Procurement	Agreement detailed within the Finance, Contracting work stream.	Wayne Lewis
	<p>The activity and associated funding will transfer to CTUHB and will form a separate schedule as part of the existing SLA with WAST. Activity and costs will not be harmonised at this point.</p> <p>It has been agreed that the transfer of NEPTS commissioning arrangements from ABMU to the Emergency Ambulance Services Committee (EASC) be delayed to coincide with the planned transfer of CTUHB transfer arrangements in August 2019.</p>	No adverse implications.	No adverse implications.	ABMU, CTUHB. Facilities Team Finance Procurement Workforce	Agreement detailed within the Work Force work stream.	
	<p><b>In-House Transport</b></p> <p>The in-house transport service operating within the Bridgend area conveys the following items: Mail, medical records and diagnostic samples/vaccines.</p> <p>The team comprises of 5.2 x WTE (including relief) who are based at</p>	No adverse implications.	No adverse implications.	ABMU, CTUHB. Facilities Team Finance Procurement	Agreement detailed within Facilities Team Finance Procurement	

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
	<p>Glanrhyd Hospital and have been included in the total Facilities Core Services Transfer proposal.</p> <p><b>Vehicle Insurance</b></p> <p>The transfer of vehicles on April have been factored into the vehicle insurance tender for Dec 2018 – Nov 2019.</p> <p><b>Management Resource</b></p> <p>Transport services are managed from the Facilities management team at ABMUHB. A percentage of the management costs associated with this service has been agreed and will transfer to CTUHB.</p> <p><b>Taxi contract</b></p> <p>There is an all Wales taxi contract in place (expires February 2020). All costs recharged to users (not centrally held budget). The existing contract is with Premier Cars and this will need to remain with ABMUHB to ensure continuity of service for the remaining ABMUHB area after 1 April 2019.</p> <p>Consideration will need to be given to whether we Novate the Bridgend element of the contract to CTUHB, or extend the CTUHB taxi contract to cover the Bridgend area. This is an outstanding Action for procurement colleagues.</p> <p><b>Enterprise Club Cars</b></p> <p>Enterprise club car scheme (x4 POW and x1 Glanrhyd). It's been agreed that ABMUHB will retain the service until its expiry/renewal on 17 July 2019.</p>	<p>No adverse implications.</p> <p>Outstanding action for procurement colleagues.</p> <p>Funding agreement needed to cover ongoing costs post 17 July 2019.</p> <p>SLA required.</p>	<p>No adverse implications.</p> <p>Outstanding action for procurement colleagues.</p> <p>Funding agreement needed to cover ongoing costs post 17 July 2019.</p> <p>SLA required.</p>	<p>ABMU, CTUHB. Facilities Team Finance Procurement Workforce</p> <p>ABMU, CTUHB. Facilities Team Finance Procurement</p> <p>ABMU, CTUHB. Facilities Team Finance Procurement</p> <p>ABMU, CTUHB. Facilities Team Finance Procurement</p>	<p>Agreement detailed within Work Force, Facilities Team Finance</p> <p>Awaiting agreement from Procurement.</p> <p>Funding agreement required. ABMU, CTUHB.</p> <p>SLA in development.</p> <p>Novation.</p>	

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
	<p>A sum of money has been identified to transfer to CTUHB to cover the costs of the service from 1 April to 17 July 2019.</p> <p>CTUHB will not inherit the service post 17 July 2019. An options appraisal is being undertaken to identify the most effective way of providing an alternative. Once costs have been identified CTUHB will bid for the monies as part of the transfer costs.</p> <p><b>Dialysis Transport</b></p> <p>Renal dialysis transport is provided under contract to Falck Ambulance Service. Due to the funding complexities that exist between ABMUHB and the Welsh Health Specialised Services Committee (WHSSC) it has been agreed that this service will remain with ABMUHB and transfer directly to the Emergency Ambulance Services Committee (EASC) once resolved.</p> <p><b>Dedicated Discharge and Transfer Vehicles</b></p> <p>Two dedicated discharge and transfer vehicles have been identified for transfer to CTUHB. These vehicles are currently being spot purchased and advice is currently being sought from procurement colleagues regarding the best way to transfer/novate the arrangement.</p>	Procurement advice. No adverse implications.	No adverse implications.	ABMU, CTUHB. Facilities Team Finance Procurement		
<b>Car Parking</b>	<p>Car parking management is provided to Bridgend region by the central team based in Swansea.</p> <p>The contractual arrangements in place are being reviewed to align Bridgend with CTUHB and enable ABMUHB to continue with existing arrangements.</p>	<p>The current service specification in Bridgend needs to be aligned to CTUHB and the contract review will facilitate this.</p> <p>There is also a resource implication as the resource which manages Bridgend car parking arrangements will not transfer.</p> <p>No staff technical or management resource transferring from ABMUHB.</p>	<p>Contractual arrangements for car parking management for the revised ABMUHB.</p> <p>ABMUHB will have a reduced management, technical services and admin support workload as a direct result of this Bridgend service that is transferring to CTUHB.</p>	Facilities team Procurement	Service specification Contract details	Russell Hoare



Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
		Proposal for staff presented to Finance for funding approval as part of budget workforce funding transfer requirement.				
<b>Grounds and Gardens</b>	Bridgend region grounds and gardens team to transfer in its entirety to CTUHB. The current team resource is considered insufficient to complete workload and equipment is aging. Service specification provided to Bridgend properties is different than CTUHB specification especially in relation to gritting. ABMUHB owned premises in Bridgend to be provided grounds and gardens service under an SLA.	Specification will need to be reviewed and aligned to CTUHB service specification which cost pressure implications.  Equipment age and conditions has implications for potential capital requirements.  Service to ABMUHB owned premises to be provided to current standards as part of SLA.  No management or technical support resource transferring from ABMUHB.  Proposal for staff presented to Finance for funding approval as part of budget workforce funding transfer requirement.	SLA required for service to ABMUHB owned premises within Bridgend region.  Provide access to Planet FM and record information during transition period.  ABMUHB will have a reduced management services support workload as a direct result of this Bridgend service that is transferring to CTUHB.	Facilities Team Estates	Facilities SLA document - <b>See Appendix 15.</b>  Transition agreed property list - <b>See Appendix 7</b>  Service specification	Russell Hoare
<b>Staff residences</b>	Any staff currently occupying the staff residences in POW are able to remain in the accommodation. No staff are being asked to terminate their current contracts.  No new staff from ABMUHB will be provided rooms in the staff accommodation.	The arrangements for collecting payments from staff in residences need to be in place.  All new contracts for accommodation will only be arranged for CTUHB staff.  Student nurse/ junior doctor accommodation allocation needs to be confirmed.	Payment details for existing residences need to be shared with CTUHB so that correct payments can be taken.	Finance Facilities Team	Policies and Procedures relating to accommodation allocation	Russell Hoare
<b>Contract Management</b>	All contracts within the Bridgend have been identified.	There is scope to align contracts for efficiencies.  Some contracts will remain in place post April 2019 and will need to be reviewed when they expire.	Some ABMUHB contract arrangements include Bridgend region and will need to be reviewed upon contract expiry.	Procurement Facilities team	Contract details	Russell Hoare/Nicola King
<b>Management Structure</b>	Revised structure has been identified to include new posts to provide a management service to CTUHB which is sufficient for the revised structure. Additional posts have been included to allow for work currently completed by the	Revised structure has been shared with Finance for approval.  Workforce support will be required to implement revised structure once agreed.	ABMUHB will have a reduced senior management, technical services and administrative support workload as a direct result of all Bridgend services that are transferring to CTUHB.	Finance Workforce Recruitment Facilities Team	OCP Policy Budget approval	Russell Hoare

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
	central team in Swansea who will not be transferring.	<p>No management resource transferring from ABMU for a number of a number of service areas identified in this handover statement.</p> <p>Proposal for staff presented to Finance for funding approval as part of budget workforce funding transfer requirement.</p>	No senior management, technical, administrative support resource transferring from ABMU for a number of service areas that have been identified in this handover statement.			
<b>ICT &amp; INFORMATICS - LEAD SIAN RICHARDS (ABM) &amp; KAREN WINDER (CT)</b>						
<b>Operational ICT</b>	<p>All infrastructure and maintenance services provided currently to Bridgend will continue to be delivered by ABMUHB Informatics resources from the point the SLA commences on the 1 April 2019.</p> <p>The aim of the Informatics model for April 2019 will be to ensure continuity of service for the user. It is important to note that for the majority of Informatics systems the user will experience no change. They will continue to use the same system, in the same way as they have done prior to April 2019. The core IT infrastructure will also be delivered in the same way.</p>	CTUHB will need to decide on a strategy for Operational ICT in order to enable planning of its disaggregation.	<p>ABMUHB have built resilience in the structure and development of its service. There are implications for network resilience, as well as ICT support and strategy.</p> <p>Much of the network infrastructure has been developed to maximise resilience, using all sites. Removing Bridgend from this network can be likened to untangling a large ball of yarn to separate individual strands. This is a hugely complicated process, which needs to be completed with due diligence to ensure that ABMUHB is not left compromised in terms of resilience, security and structure.</p> <p>Remodelling of ABMUHB infrastructure, network and telecoms will be required, supported by a revised strategy and workforce plan.</p> <p>Contracts and areas of non-pay will decrease in scope but not necessarily in value as they are enterprise wide solution.</p> <p>ABMUHB Informatics team will be required to be involved in all decoupling activities and project plans in the POW to ensure that the</p>		ICT SLA – <b>See Appendices 18 (a) - (j).</b>	Richard Cahn Matthew John Karen Winder Sian Richards

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
			<p>infrastructure and dependencies are understood and do not impact on the ABMUHB service. This will be additional work to running the service for ABMUHB.</p> <p>There also remains a risk for ABMUHB at the end of the SLA agreement, ABMUHBs current cost base for Informatics will not reduce by 28% due to economies of scale and the complexity of integrated services. An initial assessment has found that pay costs will only reduce by approximately 11%. As similar high level assessment needs to be completed for non-pay. This will become a cost pressure concern post SLA, when the SLA repayment stops.</p>			
<b>Systems - WPAS</b>	<p>There are over 15 systems with dependencies on WPAS, which will need to be migrated the same day. Therefore there are many dependencies in existence which will need to be carefully managed to ensure this migration date is achieved. Preliminary assessment by the NHS Wales Informatics Service (NWIS) of the differences between the two WPAS installations has confirmed that the two main differences are as follows:</p> <ol style="list-style-type: none"> <li>1. The use of clinical condition in ABMUHB compared to the sub-service code in CTUHB. The former aids WPRS rollout, whilst the other is fundamental to the delivery of demand and capacity planning. A long standing request by CTUHB to have the two working in parallel is long overdue and requires escalation given its importance to successful WPAS convergence.</li> </ol>	<p>A paper has already been produced which appraises all options for PAS transfer, therefore the mechanism for transferring the PAS has already been agreed, pending a more detailed business case and finding.</p> <p><b>Risks</b> – If duplicate records (the same patient number, but different patient in each health board) are not dealt with effectively, patients may be confused on the new PAS.</p> <ul style="list-style-type: none"> <li>- There is a risk that if other systems dependent on PAS are not ready for migration by the end of Oct 2019, the PAS may not be able to migrate by this date.</li> <li>- There are many differences in the way both health boards use PAS, if these are not accounted for and dealt with effectively, there may be errors in the way patients are dealt with in the new CTUHB.</li> </ul>	<p>There will be considerable work involved in migrating the PAS, which will require the assistance of the PAS team.</p>		<p>ICT SLA – <b>See Appendices 18 (a) - (j).</b></p>	<p>Richard Cahn Matthew John Karen Winder Sian Richards</p>



Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
	<p>2. Up-front test requesting facilities in ABMUHB. This would be a welcome additional feature for current CTUHB services.</p> <p>The planning and management of the WPAS change over and the dependency of all associated clinical systems will be a considerable change for POW and will require detailed plans and resources.</p>					
<b>Clinical Systems</b>	<p>There are over 35 systems currently in operation in POW. Most of these will remain under an SLA until disaggregation.</p> <p>The JAC (Pharmacy) system is being duplicated, a licence has been purchased for a separate instance of the system in POW. This is due to legal requirements. The new system will be operational by 1<sup>st</sup> April.</p> <p>(Audiology) is being copied and a duplicate being used in POW. This is in order to split the system from the remainder of ABMUHB.</p> <p>A Business Case is in the process of being produced to analyse disaggregation.</p>	CTUHB will need to decide on how the current systems within Bridgend fit into its digital strategy and whether the strategy will need to be amended as a result. Each Clinical System will need to be reviewed and a strategy and way forward decided by CTUHB.	There may be licencing or cost implications when systems are disaggregated. Until the scoping work and business case has been done, the extent of the implications for ABMUHB are not yet known.		ICT SLA – <b>See Appendices 18 (a) - (j).</b>	Karen Winder Sian Richards Richard Cahn Matthew John
<b>Accent A&amp;E</b>	Accent has been replaced with WPAS A&E module March, with training supported by CTUHB to ensure POW staff are trained to use the system the way CT colleagues use it.				ICT SLA – <b>See Appendices 18 (a) - (j).</b>	Karen Winder Sian Richards Richard Cahn Matthew John
<b>Funding</b>	ABMUHB are not budgeting for POW for 2019-2020 financial year. There was originally a request for around £1.1 m for capital replacement to WAG, however this was reduced by 28% to reflect the loss of POW. CTUHB will need to request this additional budget for 2019-20 for POW	<b>Risks</b> – If the additional budget is not made available, required capital replacement will not be possible resulting in inadequate equipment being used in POW.			ICT SLA – <b>See Appendices 18 (a) - (j).</b>	Karen Winder Sian Richards Richard Cahn Matthew John
<b>Information</b>	<ul style="list-style-type: none"> <li>Leading up to 1 April 2019, each Health Board will continue to provide reports as per its statutory obligation, whilst developing the capacity and</li> </ul>	Joint response for CTUHB and ABMUHB.	Implications for ABMUHB and CTUHB are jointly outlined, documented and agreed in the CTUHB response.	IIBCB members	ICT SLA – <b>See Appendices 18 (a) - (j).</b>	Karen Winder Sian Richards Richard Cahn Matthew John

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
	<p>capability to provide reports according a per the boundary changes. From 2018/19 Q4, each Health Board will incrementally report on performance in shadow form.</p> <ul style="list-style-type: none"> <li>Given that POW will be utilising the ABMUHB WPAS on 1 April 2019, with a date for convergence planned for some time during the financial year, ABMU have confirmed that all current flows can be maintained into 2019/20 under the SLA agreement.</li> <li>The likelihood is that prior to 1 April 2019, the aim will be to have data from 1 April 2014 to date available within the Cwm Taf data warehouse for patient level activity datasets. The requirement for historical data has already been discussed with Welsh Government (WG), Public Health and the NHS Wales Informatics Service (NWIS).</li> <li>Confirmation that access to existing ABMUHB dashboards for Bridgend based staff will continue beyond 1 April 2019 to support the transition and to provide continuity. This will greatly support the incremental development of reports within the Cwm Taf UHB data warehouse that cover the whole of the new UHB.</li> <li>Existing data quality reports on WPAS will continue to be run and the existing processes will continue to be supported for as long as POW will utilise what will become the Swansea Bay UHB WPAS instance.</li> </ul> <p>The POW Emergency Department will implement the ABMUHB WPAS Emergency Department module from 19 March 2019 and will be supported as per existing ABMUHB WPAS modules.</p>	<p>Aggregated and patient level national datasets will be created and submitted by Cwm Taf UHB, with ABMUHB providing the data for submission for a temporary basis where the data flow is not in place. A risk to this is a delay in the confirmation of the service splits. Once these are known, each dataset can be appropriately split and submitted.</p> <p>Within the Schedule / Memorandum of Understanding with ABMUHB there are three main strands of work:</p> <ol style="list-style-type: none"> <li>1. Dashboards that transferring Bridgend services currently use.</li> <li>2. Data flows from ABMUHB to CTUHB for the transferring services and patients.</li> <li>3. Ad hoc and data submissions / routine reporting.</li> </ol> <p>For the purposes of the schedule the intention of each of these streams is:</p> <ol style="list-style-type: none"> <li>1. Dashboards – Dashboards that are currently used within the transferring services will continue to run and refresh with data as it comes available.</li> </ol> <p>A filter will be provided as needed within the dashboard to allow users to filter to their services at an appropriate level to view only services that have transferred to CTUHB. These filters will be in place in a reasonable timeframe after the service configuration is known.</p> <p>Access to these dashboards will also be provided to the CTUHB Information Team and a number of additional users (directorates managers etc.). It is anticipated that this work will have transferred within 6-9 months.</p>			<p>IIBCB TOR Informatics and ICT Update November 2018</p> <p>IIBCB Position Statement</p>	

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
		<p>2. Data flows have been identified and signed off prior to 1 April 2019. The flow of this data will continue to Cwm Taf through the period of this agreement at the agreed regularity until CTUHB are able to directly access the data themselves.</p> <p>Issues impacting the feed of the data will be urgently communicated to CTUHB so they can manage their systems and customers' expectations.</p> <p>3. Ad hoc and data submissions / routine reports. This work will be undertaken by Cwm Taf from 1 April 2019 with support from ABMUHB Information Department for 2 to 3 months. If specific service/system knowledge is needed this will be provided by ABMUHB on an ad hoc basis.</p>				
COMMISSIONING & CONTRACTING ISSUES - LEAD NICOLA JOHNSON (ABM) JULIE KEEGAN (CT)						
<b>Service Level Agreements (SLA)</b>	<p>Within the Clinical Services Work stream a total of 155 services were reviewed to determine the transfer status either to remain with ABMUHB, or transfer to CTUHB but with an element of service required to be supported by a service level agreement (SLA).</p> <p>An SLA is required where people or services from one Health Board support the provision of services within the other Health Board. In addition to an SLA individuals will require honorary contracts.</p> <p>A range of services in POW will be the provider responsibility of the new Swansea Bay UHB, and a range of services in NPTH will become the responsibility of the new Cwm Taf Morgannwg UHB. There are a significant number of primary, community and mental health services where this also applies.</p>	<p>Following the agreement of the SLAs for the year ahead both organisations will continue to work together, to ensure a quality service is provided to the patients served by both Health Boards. The monitoring phase will commence from the end of Quarter 1 2019/20.</p> <p>It was agreed that SLAs will be reviewed during 2019/20 and refreshed for future years. Health Boards will endeavour to identify any changes to SLA arrangements for future years as early as possible.</p> <p>Monthly joint SLA and Long Term Agreement (LTA) meetings will be in place from the end of Quarter 1 to the end of the year to monitor the arrangements and to review the SLAs. The frequency will be reviewed at the end of that period.</p>	<p>It is likely that there will need to be enhanced commissioning support from both the Finance and Strategy teams due to the volume and complexity of additional SLAs post-transfer. Additional resources will be required but are not currently resourced.</p> <p>Following the agreement of the SLAs for the year ahead both organisations will need to continue to work together, to ensure a quality service is provided to the patients served by both Health Boards. It was agreed that SLAs will be reviewed during 2019/20 and refreshed for future years. Health Boards will endeavour to identify any changes to SLA arrangements for future years as early as possible.</p>	<p>Commissioning and Contracting Work Stream Members</p> <p>Finance Work Stream Members</p>	<p>SLA Costing Methodology and principles document - <b>See Appendix 19.</b></p> <p>Master SLA Tracker - <b>See Appendix 20.</b></p> <p>Memorandum of Understanding (MOU) – <b>see Appendix 21.</b></p>	Julie Keegan and Nicola Johnson

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
	<p>The Commissioning and Contracting Work Stream has developed an SLA Tracker to log the (approximately 57 at the time of writing) number of SLAs required, the provider responsibilities and to track completion status and sought to complete the majority of SLAs by mid-April and the Work stream will continue to meet fortnightly to manage any teething problems and residual issues until the end of Quarter 1. Formal sign off under NHS Wales rules is not required until the end of May 2019 however the mechanism for sign-off in principle was agreed by the Finance Work stream and will be completed as such.</p> <p>The Service Descriptors, information gained through the Clinical Services review meetings and the Finance Work Stream Budget splits have been utilised to populate the draft documents. These have been costed by Finance colleagues and checked by Directorate managers before being finalised.</p>	<p>It was agreed to draft a Memorandum of Agreement between the two Health Boards about the service provider responsibilities for services at NPTH and POW to ensure stability of services in the post-transfer period.</p>	<p>Monthly joint SLA and Long Term Agreement (LTA) meetings will be in place from the end of Quarter 1 to the end of the year to monitor the arrangements and to review the SLAs. The frequency will be reviewed at the end of that period.</p> <p>It was agreed to draft a Memorandum of Agreement between the two Health Boards about the services provided at NPTH to ensure stability of services in the post-transfer period.</p>			
<b>Long terms Agreements (LTA)</b>	<p>Disaggregation of current Commissioner and provider LTAs has been completed by the end of March.</p> <p>A range of services in POW will be the provider responsibility of the new Swansea Bay UHB, and a range of services in NPTH will become the responsibility of the new Cwm Taf UHB. There are a significant number of primary, community and mental health services where this also applies.</p> <p>The provider organisation will incorporate activity for which it is responsible into its LTA agreements, regardless of site of delivery.</p> <p>It is intended to sign off in principle the revised LTA between CTUHB and</p>	<p>The revised arrangements around NPTH and POWH regarding provider/ commissioner responsibilities had implications for LTA requirements.</p> <p>The final position is based on the provider responsibilities which are laid out in the MOU and the SLA tracker.</p> <p>Communication has been sent to other HBs to explain the arrangements going forward. .</p> <p>Ensure robust performance data available to support transferring activity to support financial recharge.</p>	<p>The review of SLAs in 2019/20 may have implications for the LTAs and these will also need to be reviewed.</p> <p>Monthly joint SLA and LTA meetings will be in place for at least the first 6 months of 2019/20 to manage teething problems and the review of SLAs. The frequency will be reviewed at the end of that period</p> <p>Ensure robust performance data available to support transferring activity to support financial recharge.</p>		Master LTA tracker - <b>See Appendix 22.</b>	Julie Keegan and Nicola Johnson



Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
	ABMUHB in March in preparation for the transfer, through the Finance Work stream meeting. Formal sign-off under NHS Wales rules is not required until the end of May.					
PERFORMANCE - DARREN GRIFFITHS (ABM) ALAN RODERICK (CT)						
<b>Performance Dashboard</b>	<p>Performance Dashboard to include performance data for all national outcome framework metrics for CT and POW.</p> <p>Full reporting of April 2019 performance data will be included in the May 2019 performance dashboard.</p>	<p>The February iteration of the CTUHB performance dashboard is presented as a key document.</p> <p>Risk: Non-receipt of disaggregated data from Welsh Government, and Public Health Wales (PHW) will impact on the Health Boards ability to include March 2019 performance data in the April 2019 dashboard. Discussions continue between both organisations</p>	<p>None from a pure performance perspective. ABMUHB will still provide PAS support into 2019/20 and this in turn will generate performance outputs such as Referral to Treatment (RTT) which will need to be robustly managed.</p>	<p>CTUHB Performance Team</p> <p>ABMUHB Performance Team</p>	<p>Performance dashboard February CTUHB - See <b>Appendix 23.</b></p>	<p>Alan Roderick, ADI for Performance and Information, CTUHB</p> <p>Work stream lead Darren Griffiths, ABMUHB</p>
<b>Performance Cover Report</b>	<p>Shadow Reporting is in place for the February 2019 cover report for RTT, Accident &amp; Emergency (A&amp;E) and Stroke.</p> <p>Shadow Reporting is in place for the March 2019 cover report for RTT, A&amp;E and Stroke.</p> <p>Shadow Reporting is in place for the April 2019 cover report for RTT, A&amp;E and Stroke and other indicators as identified by the Assistant Director for Performance &amp; Information, CTUHB.</p> <p>Reporting of April 2019 data will be included in the May 2019 cover report.</p>	<p>Performance data for POW was reported for Referral to Treatment, Stroke and 4 and 12 hour A&amp;E waits in the February iteration of the cover report. This report is enclosed.</p> <p>Risk: As mentioned above with regards to the non-receipt of disaggregated data. Discussions continue with both organisations.</p>	<p>As above.</p>	<p>CT Performance Team</p> <p>ABMU Performance Team</p>	<p>CTUHB performance cover report to Executive Board February: <b>Appendix 24.</b></p>	<p>Alan Roderick, ADI for Performance and Information, CTUHB</p> <p>Work stream lead Darren Griffiths, ABMUHB</p>
<b>CHKS Standard Operating Procedure (SOP)</b>	<p>A CHKS Standards Operating Procedure (SOP) and scorecards that provide benchmarking data for both CTUHB and POW are in place.</p>	<p>The Performance/Benchmarking Team continues its discussions with the CHKS national team. Next steps will include: informing CHKS of organisational and provider codes, discussions around the uplift of historical data, establishing training and system management requirements.</p>		<p>CTUHB Performance Team and Benchmarking Team</p> <p>ABMUHB Performance Team</p>		<p>Alan Roderick, ADI for Performance and Information, CTUHB</p> <p>Work stream lead Darren Griffiths, ABMUHB</p>

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
<b>Rollover dashboards</b>	<p>Potential for rolling over existing dashboards for POW from within ABMUHB Dashboard, as this will be a relatively straightforward regular update of an existing tried and tested process.</p> <p>Clear plan for delivering required reports for POW within the CTUHB Dashboard environment with particular focus on RTT and A&amp;E targets in the first instance.</p>	Forms part of the ICT/Informatics work stream and has been included in their work. Reference to dashboards purely to feed information into the dashboard and cover reports.	Plans in place to give CTUHB a view into existing ABMUHB dashboards as required.	<p>CTUHB Performance Team</p> <p>ABMUHB Performance Team</p>		<p>Alan Roderick, ADI for Performance and Information, CTUHB</p> <p>Work stream lead Darren Griffiths, ABMUHB</p>
<b>FINANCE – LEAD LYNNE HAMILTON (ABM) STEVE WEBSTER (CT)</b>						
<b>Financial Management</b>	<p>This work stream has focussed on identifying any potential financial risks and opportunities associated with the transfer, with the key aim of working across both organisations to manage and mitigate. In doing so, it has been acting in line with the principle of not driving additional costs into the system and, where cost pressures are emerging, looking to manage these through jointly agreed management arrangements.</p> <p>There has been a continuous process of review and refinement of the financial impact assessment, as further clarity around clinical delivery models and staff transfer has emerged. Work will continue through March to agree the financial impact to be discussed with the Joint Transition Board, and to identify shared risk management and mitigation actions.</p> <p>Both organisations have agreed to also progress this work in 2019-20 to provide further continuous assessment and to consider additional opportunities to reduce, manage and mitigate any emerging financial consequences.</p> <p>In addition, Welsh Government will be commissioning an external due diligence review to provide assurance around the financial components of the transfer. We</p>	The CTUHB planning assumption is that Bridgend will be in recurrent financial balance and will not have a recurring deficit going into 2019/20. There is a risk as to whether this will be the case but this will not be known until after the IMTP submission for 2019/20. Discussions with Welsh Government officials have indicated that the boundary change (with the associated transfer of services from Bridgend) should not destabilise the financial balance and performance record of CTUHB as an organisation. On this basis, the Cwm Taf IMTP for 2019/20 currently assumes that the impact of any deficit attributed to Bridgend will be neutral to the new organisation.	<p>ABMU is recognising a potential financial risk from 2019-20. This is being primarily driven by the ability to fully release costs particularly over the short term, for example, from corporate functions and other management overheads in operational service areas. There are also potential diseconomies of scale in the arrangements for the delivery of clinical and non-clinical support services.</p> <p>The Health Board is focussed on releasing as much cost as possible as soon as possible, while maintaining the emphasis on the quality, safety and timely delivery of patient care. This work will continue and is being prioritised through March and the coming period, with the intention of identify actions to minimise any financial implications as far as possible. This is being forward in partnership with CTUHB.</p> <p>This approach and any residual financial risks (with management actions) will also be reflected in ABMU's revised financial plan for 2019-20,</p>	Welsh Government	<p>Financial Impact Assessments.</p> <p>SLA schedule.</p> <p>LTA schedule.</p> <p>Budgets 2019/20.</p> <p>Balance Sheet Disaggregation.</p> <p>Charitable Funds Transfer Agreement.</p> <p>Adjustments to capital allocation.</p> <p>Risks and issues analysis.</p>	<p>Lyn Hamilton (ABMUHB)</p> <p>Steve Webster (CTUHB)</p>

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
	are awaiting details of the scope and timing, but expect this to be completed in Q1 2019-20.					
<b>Allocations</b>	<p>The Allocations work stream has focused on three areas:</p> <p><b>Disaggregation of Welsh Government Allocations</b> – Allocations have been tracked to the historic baselines inherited from the previous Local Health Boards and subsequent allocations apportioned between Bridgend and Swansea Bay on an appropriate basis. The draft allocations have been agreed with WG and only a small number of technical adjustments will be required to finalise the baselines in March 2019.</p> <p><b>LTAs</b> - ABMU's Commissioner and Provider LTAs with other Health Boards and WHSSC have been disaggregated on an agreed basis. The disaggregated LTAs have been shared with other organisations for sign off. LTA volumes and costs have been calculated for patient flows across the new Bridgend Boundary reflecting the configuration of services determined by the Clinical Services Work stream.</p> <p><b>SLAs</b> – The Clinical Work stream has identified a significant number of cross boundary working arrangements which need to be reflected in the agreement of SLAs. Working as part of the Commissioning work stream a schedule of SLAs have been identified, described and costed. These SLAs are being collated and shared with service managers for sign off during March 2019.</p>	<p>A small number of recurring allocations require agreement which will be progressed in March 2019 and jointly communicated to Welsh Government for action.</p> <p>Cwm Taf have established a schedule of anticipated in year allocations that will need to be reviewed during 2019/20 to ensure allocation assumptions remain realistic and reflect service transfers.</p> <p>A regular joint contract meeting will be established between Cwm Taf and ABMU to review the monitoring of both the LTA proposals and the internal clinical capacity SLA. Identifying any unexpected changes and explaining any material variations. This will support the planned review of the LTA and Clinical Capacity SLA during 2019/20 for implementation in 2020/21 if necessary.</p> <p>Over time there is expected to be changes to the SLA arrangements as many of the SLAs reflect interim arrangements as departments and services reflect on the service delivery of the new organisations and how these can become more effective and efficient.</p> <p>Commissioning flows will remain a risk to both commissioner and provider LTAs. As organisations mature referral pathways may change resulting in changes to patient activity. Departments and Services will need to adapt to reflect these changes which may also have an impact on the SLA arrangements that remain in place.</p>	<p>The quantification of SLA and LTA funding flows have been based on historical cost and activity data and information derived from the Clinical Work stream and service management. There is a risk that the historical costing may not be refined enough to reflect the nuances of the new cross boundary interface, and that the quantification of funding flows may have been based on inaccurate or incomplete information. In order to mitigate the risk it has been agreed by both LHBs that funding flows will be revisited during 2019/20 (incorporating more robust and timely data) and if necessary realigned in advance of 2020/21. In the interim, the level of marginal rates to be applied to variation during 2019/20 will be set a rate which minimises the risk of in year volatility for both organisations in the first year.</p> <p>It is recognised that the configuration of services has necessitated the establishment of complex inter organisational agreements and that Finance and Informatics colleagues will need to work closely to ensure that robust monitoring arrangements are in place.</p> <p>Longer term Swansea Bay UHB will need to recognise the financial risk arising from future changes in patient flows and will need to reflect this in the development of its strategic plan.</p>	Welsh Government All Welsh Health Boards, Velindre NHST, WHSSC, EASC and Other work streams including Commissioning and Clinical Services.	Welsh Government Allocation Letter LTA Documents SLA Documents Overarching Memorandum of Understanding	Lyn Hamilton (ABMUHB) Steve Webster (CTUHB)

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
<b>Systems &amp; Processes</b>	<p>A wide range of activities have taken place to address the systems and processes issues arising out of the boundary change, particularly in the financial accounting field. An approach has been agreed for the disaggregation of assets and liabilities from the ABMUHB balance sheet, including legal claims, and the process for transfer of balances and cash to reflect the arrangements in 2019/20. This agreed approach confirms the process for the completion of the statutory transfer documentation to be signed by both health boards and the subsequent audit of the transferring balances by Wales Audit Office.</p> <p>All of the ABMU charitable funds have been analysed to identify the funds that will transfer to CTU, what stays in ABMU and funds that need to be apportioned. This has been signed off by the ABMU Health Board charitable Trustees. The formal process for transfer of the funds and the required amendments to charitable objects in both ABMU and CTUHB have been discussed with the Charity Commission and the transfer process will commence once the final boundary change order is signed.</p> <p>A significant amount of detailed work has been required to configure the Oracle Financial Ledger and feeder systems, including the need to set up new cost centres, budget reports and requisitioning approval hierarchies within CTUHB (and removal of same in ABMUHB). This is impacted on by the delay in receiving confirmation of the staff who will transfer to CTUHB.</p> <p>The work stream has looked at cutover arrangements between financial years to try and ensure smooth transition and</p>	<p>Key risk for CTUHB is the redesign and set-up of the approval hierarchy and reporting structure within Oracle to ensure goods/services can be purchased by transferring Bridgend staff and that financial transactions/position can be appropriately reported during 2019-20 (including setting up new Qlikview dashboards). This has been delayed from plan due to the complexity of the cost centre work and agreements around staff transferring and who therefore requires Oracle access and requisitioner/approver responsibilities. There are also implications for feeder systems, including Pharmacy and Primary Care Contractor Services, Payroll, Stores and Suppliers that we deal with electronically.</p> <p>The transfer of Bridgend Clinic is a key risk for CTUHB given it's a new area of work. The risk is compounded by no staff with the relevant expertise being transferred.</p> <p>No staff have been transferred into the Financial Accounting team and there is therefore a need to recruit in order to deal with the significant increase in volume of work arising out of the change. There will therefore be a significant transition risk until such time as the vacancies are filled</p> <p>A number of key tasks are scheduled for 2019-20 following closure of accounts and audit. These include:</p> <ul style="list-style-type: none"> <li>• Sign-off of S1/S2 transfer of balances and audit (Sept 2019)</li> <li>• Formal cash transfer between the Health Boards to discharge remaining assets and liabilities (Oct 2019)</li> </ul> <p>CTUHB trustees will need to approve arrangements for transfer of funds at its</p>	<p>There is a significant piece of work required within ABMUHB to disaggregate the final audited 2018/19 balance sheet and identify those assets and liabilities to transfer to CTUHB with effect from 1<sup>st</sup> April 2019. In addition ABMU will continue to make payments for invoices received post 1<sup>st</sup> April relating to goods and services received pre 1<sup>st</sup> April 2019 and will continue to receive payments for invoices raised pre 1<sup>st</sup> April 2019 or services transferring. There will therefore be a significant piece of work to be undertaken in the early months of 2019/20 in order to fully reconcile all such transactions in order to :</p> <ul style="list-style-type: none"> <li>• Sign-off of S1/S2 transfer of balances and audit (Sept 2019)</li> <li>• Formal cash transfer between the Health Boards to discharge remaining assets and liabilities (Oct 2019)</li> </ul> <p>ABMUHB will require to complete the process with the Charity Commission to transfer the charitable funds to transfer to CTUHB and will also need to amend its charity registration and charitable objects to reflect the new area served by the health board charity.</p> <p>A key risk for ABMUHB is the ability to report the month 1 financial position in line with the WG timetable given the pressures in completing the year end accounts and reconciling payments and receipts in April against any</p>	<p>NWSSP WG/WAO Charity Commission HMRC Suppliers Other Work streams (particularly workforce)</p>	<p>Balance Sheet Disaggregation (Assets and Liabilities)</p> <p>Charitable Funds Transfer</p> <p>Arrangements for Legal Claims/CHC</p> <p>Cutover Plans</p> <p>S1/S2 Agreement</p> <p>Cash Transfer Reconciliations</p> <p>Governance framework for the Bridgend Clinic <b>Appendix 33.</b></p>	<p>Lyn Hamilton (ABMUHB) Steve Webster (CTUHB)</p>



Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
	<p>maintenance of financial control, and handover arrangements where possible</p> <p>The work stream has also assessed implications of the name change and registration with external and statutory bodies (e.g. HMRC, Charity Commissioner, Banks etc).</p> <p>A training plan has been developed for ABMU staff to share knowledge with CTUHB staff on processes transferring.</p> <p>Although not a direct work stream issue the possibility of staff who are transferring to CTUHB not being able to be transferred onto the CTUHB payroll due to the delay in confirming the final list of staff to transfer could impact on the month 1 reporting position. The timing of the month 1 report submission is being discussed with Welsh Government.</p>	<p>meeting on 1 April 2019 and the registration process with the Charity Commissioner will need to be finalised.</p> <p>A key risk for is the ability to report the month 1 financial position in line with the WG timetable. This will be a particular issue if staff who have transferred to CTUHB have not been able to be transferred onto the CTUHB payroll given the lateness in identifying the final list of staff who will transfer. The timing of the month 1 report submission is being discussed with Welsh Government.</p>	<p>balances which will transfer to CTUHB. This will be a particular issue if staff who have transferred to CTUHB have not been able to be transferred onto the CTUHB payroll given the lateness in identifying the final list of staff who will transfer. The timing of the month 1 report submission is being discussed with Welsh Government.</p>			
<b>Procurement</b>	<p>NWSSP Procurement Services are working to ensure the continuity of goods and services to POW and Localities under the right contractual arrangements from the 1<sup>st</sup> April 2019.</p> <p>A contracts list has be developed to capture all visible contracts with agreed actions, owners and current cost centre information. The contracts list includes contracts from the following areas, All Wales, Maintenance, Local Contracts, Pharmacy, Third Sector, Primary Care, CHC, centrally held ICT contracts, devolved ICT contracts, lease vehicles and photocopiers. The contracts list has been uploaded on to SharePoint and is updated on a weekly basis.</p> <p>There has been a review of Supply Chain Services and it has agreed that there will be no changes to the current ordering system for staff transferring, but there will</p>	<p>Contracts that have been held by departments which had no procurement involvement may still be identified.</p> <p>A resource impact on CTUHB frontline local procurement and managing staff expectations from 1st April 2019.</p> <p>No PO/No Pay implications will impact on a greater number of requisitions which can't be quantified.</p>	<p>An element of POW and Localities goods and services which the contracts have been held by the departments which had no procurement involvement or visibility may still be charged to ABMUHB.</p> <p>Deliveries pre and post 1<sup>st</sup> April and related invoices to ABMUHB.</p>	<p>Project teams, work stream teams, business partners, central sourcing colleagues, e-Enablement and external suppliers.</p>	<p>Critical document Highlight document Contracts List Activity Log</p> <p>Path Report</p>	<p>Heads of Procurement</p>

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
	<p>be changes to Supply Chain Management to standardise across all sites.</p> <p>All Oracle catalogues currently being utilised by ABMUHB staff with be upload on CTUHB systems to ensure no changes in ordering goods and services for staff transferring.</p> <p>An exercise is currently being undertaken to reduce the number of invoices on hold including manual invoices and a process for No PO, No Pay is to be implemented.</p> <p>A cut-over plan for year-end identifying roles and tasks has been implement. CTUHB Oracle access with be available for staff transferring who currently have a user account from the 1<sup>st</sup> April 2019.</p> <p>A number of communication documents have been uploaded on to SharePoint for staff transferring, the documents include a Procurement Handbook, frequently asked questions, which are updated on a regular basis, a procurement information pack and contact details for CTUHB frontline local procurement. A training needs analysis will be undertaken for staff transferring across post 1<sup>st</sup> April 2019.</p>					
<b>CORPORATE GOVERNANCE &amp; COMMUNICATIONS - LEAD PAM WENGER (ABM) &amp; GWEN ROBERTS (CT)</b>						
<b>CTUHB Integrated Medium Term plan</b>	Ensure priorities relating to Bridgend are factored into the CTUHB IMTP 2019-2022.	Priorities relating to Bridgend are included within the CTUHB draft IMTP 2019-2022 being submitted to Welsh Government by end January 2019.	None	Bridgend County Borough Council (BCBC), Wales South Police, SWFRS	<ul style="list-style-type: none"> <li>ABMUHB Plan 2018-2019</li> <li><a href="http://www.wales.nhs.uk/sitesplus/documents/863/2.1%20Annual%20Plan%20Report%20and%20Appendices.pdf">http://www.wales.nhs.uk/sitesplus/documents/863/2.1%20Annual%20Plan%20Report%20and%20Appendices.pdf</a></li> </ul>	ABMUHB – Hannah Evans  CTUHB – Ruth Treharne

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
					<ul style="list-style-type: none"> <li>CTUHB IMTP 2018-2021</li> </ul> <a href="http://cwmtaf.wales/how-we-work/plans-and-reports/integrated-medium-term-plans/?drawer=Integrated_Medium_Term_Plans*IMTP_2018-21">http://cwmtaf.wales/how-we-work/plans-and-reports/integrated-medium-term-plans/?drawer=Integrated_Medium_Term_Plans*IMTP_2018-21</a>	
<b>Complaints/ Legal claims</b>	<ul style="list-style-type: none"> <li>Serious Untoward Incidents (SUI's) &amp; complaints for Bridgend sites to become the responsibility of CTUHB from 1 April 2019;</li> <li>DATIX incident reporting for POW sits with the Delivery Unit (with the exception of never events, and some SUI's);</li> <li>Historic claims recorded before 31 March 2019 are not to transfer, and this will be included in the Handover statement</li> </ul>	<ul style="list-style-type: none"> <li>A list of live claims outstanding as at 31 March 2019 will be handed over.</li> </ul>	<ul style="list-style-type: none"> <li>Financial arrangements to be confirmed.</li> </ul>	NWSSP	<ul style="list-style-type: none"> <li>See Quality, Patient Safety Legacy Statement <b>Appendix 5.</b></li> </ul> <p>DATIX Position Statement – ABMUHB intranet link:  <a href="http://howis.wales.nhs.uk/sites3/page.cfm?orgid=743&amp;pid=74056">http://howis.wales.nhs.uk/sites3/page.cfm?orgid=743&amp;pid=74056</a></p> <p>CTUHB link to SharePoint</p> <ul style="list-style-type: none"> <li><a href="http://ctuhb-intranet.cymru.nhs.uk/useful/NUSIP/layouts/15/start.aspx#/SitePages/Home.aspx">http://ctuhb-intranet.cymru.nhs.uk/useful/NUSIP/layouts/15/start.aspx#/SitePages/Home.aspx</a></li> </ul>	Directors of Nursing
<b>Targeted Intervention Issues</b>	<ul style="list-style-type: none"> <li>Any Targeted Intervention issues specific to Bridgend /Princess of Wales (POW) Hospital are captured and shared through monthly performance reports.</li> </ul>	<ul style="list-style-type: none"> <li>Integrating the performance of the new Bridgend sites into existing reporting mechanisms.</li> </ul>	<ul style="list-style-type: none"> <li>Integration of performance management information</li> </ul>	Welsh Government	See Quality, Patient Safety Legacy Statement – see <b>Appendix 5.</b>	Directors of Corporate Governance
<b>Policies</b>	<ul style="list-style-type: none"> <li>All staff transferring under TUPE will be required to adhere to ABMUHB policies as part of their terms and conditions</li> <li>Central repository of ABMUHB and CTUHB policies is in place and is</li> </ul>	<ul style="list-style-type: none"> <li>All 'contractual' policies will transfer with staff in line with TUPE principles. Non contractual policies – former ABMUHB staff are entitled to keep these until such time as time as they</li> </ul>	<ul style="list-style-type: none"> <li>Integration of policies, especially clinical</li> </ul>		<p>ABMU link to intranet  <a href="http://howis.wales.nhs.uk/sites3/page.cfm?orgid=743&amp;pid=74056">http://howis.wales.nhs.uk/sites3/page.cfm?orgid=743&amp;pid=74056</a></p>	Directors of Corporate Governance

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
	<p>published on SharePoint intranet pages for staff</p> <ul style="list-style-type: none"> <li>Staff will also be required to adhere to procedures which support policies as required.</li> </ul>	<p>are 're-negotiated' with staff who have transferred</p> <ul style="list-style-type: none"> <li>There is a need to continuously monitor policy review process with a view to all policies being updated to ensure effective governance</li> <li>All clinical policies to be reviewed and updated by April 2020</li> </ul>			<p>CTUHB link to SharePoint  <a href="http://ctuhb-intranet.cymru.nhs.uk/useful/NUSIP/layouts/15/start.aspx#/SitePages/Home.aspx">http://ctuhb-intranet.cymru.nhs.uk/useful/NUSIP/layouts/15/start.aspx#/SitePages/Home.aspx</a></p> <p>Clinical policies – see Quality, Patient Safety legacy statement <b>Appendix 5.</b></p>	
<b>Records Management</b>	<ul style="list-style-type: none"> <li>All patients residing in the Bridgend area received a leaflet to their home address advising them of the change of responsibility from ABMUHB to CTUHB.</li> <li>CTUHB will have responsibility for Princess of Wales (POW) Hospital, Bridgend records from 1 April 2019.</li> <li>Patient boundary change privacy statement in place;</li> <li>Staff Boundary change Privacy statement in place;</li> <li>Wales Accord on the Sharing of Personal Information (WASPI) pre-quality assurance checklist agreed;</li> <li>Data Protection Impact Assessment for Boundary undertaken</li> <li>Legal advice received from NWSSP on records management advised no separate SLA required.</li> </ul>	<ul style="list-style-type: none"> <li>From 1 April 2019 CTUHB will become data controllers for Bridgend under the General Data Protection Regulation (GDPR) for the information within the shared environment.</li> <li>Information Sharing Protocols (ISPs), Data Disclosure Agreements (DDAs) etc. already in place and revised as necessary – The Lead for ISPs in Bridgend CBC attended the ISP regional group in January 2019. Jointly working through any gaps, and any documents that need amending in line with boundary changes are being updated.</li> <li>National Intelligent Integrated Audit Solution (NIIAS) management there will be cross sharing of information as and when breaches are required. CTUHB have a different process in place at present, but are looking to adopt a consistent approach in terms of reporting.</li> <li>Private Patients - Bridgend Clinic – A governance framework for Bridgend clinic is in the final stages of being approved and will be in place for 1 April 2019. An Information Governance audit</li> </ul>	<ul style="list-style-type: none"> <li>Review records currently held and identify which records should transfer from ABMUHB to CTUHB</li> </ul>	Bridgend CBC	<p>Patient privacy notice – <b>see Appendix 25.</b></p> <p>Staff privacy notice – See <b>Appendix 11.</b></p> <p>Informatics Work Stream Data protection Impact Assessment (DPIA) – see <b>Appendix 26.</b></p> <p>Information Sharing Protocol (ISP) see <b>Appendix 27.</b></p> <p>Information Governance Compliance Audit POW <b>Appendix 32.</b></p>	SIRO/ Directors of Corporate Governance

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
		has been undertaken and an action plan in response to the audit is being developed.			Governance framework for the Bridgend Clinic <b>Appendix 33.</b>	
<b>Risk Management</b>	<ul style="list-style-type: none"> <li>The POW unit maintain their risks on the DATIX incident management system and in accordance with the ABMU Risk Management Strategy.</li> <li>Specifically for Princess of Wales (POW) Hospital, an internal governance review was undertaken in 2018/19 and highlighted areas for improvement. Work on improving the risks escalation process has been ongoing with improvements made. Planned follow-up audit scheduled before the end of March 2019.</li> <li>POW have their own risk register and has been shared with the Head of Internal Audit of CTUHB</li> <li>Risks – Health Education &amp; Improvement Wales (HEIW)</li> </ul>	<ul style="list-style-type: none"> <li>Review to be undertaken of how Bridgend risks will integrate with CTUHB organisational risk register, DATIX risk reporting and directorate risk registers</li> <li>CTUHB Directorates updating own risk registers to cover Bridgend</li> </ul> <p>Residual risks relating to Bridgend which are identified post transition will be integrated into the CTUHB</p> <p>Directorate/organisational risk registers.</p> <p><u>Health Education &amp; Improvement Wales (HEIW)</u></p> <p>In preparation for the formal boundary change and the Princess of Wales (POW) Hospital transferring to the become the responsibility of CTUHB, Health Education and Improvement Wales (HEIW) have informed CTUHB of the risk held on their risk register concerning the POW site – <b>see Appendix 30 and 31.</b> A summary of the risks is outlined below:</p> <ul style="list-style-type: none"> <li><b>General Surgery</b> - Survey Results show concerns with Clinical Supervision over the last 6 years.</li> <li><b>Obstetrics and Gynaecology</b> - Survey results show double red Overall Satisfaction, Handover, Adequate Experience, Curriculum</li> </ul>	<ul style="list-style-type: none"> <li>Any residual risks post transition will need to be captured on the ABMUHB Health Board Risk Register.</li> </ul>	None	<p>Princess of Wales (POW) Hospital Risk Register – see <b>Appendix 28.</b></p> <p>Risk Management Strategy and Policy – see <b>Appendix 29.</b></p> <p>Letter from HEIW – see <b>Appendix 30.</b></p> <p>HEIW list of risks – see <b>Appendix 31.</b></p>	<p>Directors of Corporate Governance</p> <p>Head of Health, Safety &amp; Risk, CTUHB</p> <p>Service Directors</p>



Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
		<p>coverage and Study Leave. Double pink for Clinical Supervision out of hours and pink, red for Induction and Educational Governance.</p> <ul style="list-style-type: none"> <li>• <b>General Internal Medicine</b> – Concerns with supervision, handover, local and regional teaching.</li> <li>• <b>Surgery &amp; Otolaryngology - General Practice</b> – Targeted visit in April 2014 raised issue of crossover of GP trainees out of hours with inappropriate induction training. GMC survey results showed persistent issue, no survey results for 2017 or 2018.</li> <li>• Cardiology – Risk raised due to 2017 survey results</li> <li>• Paediatrics - General Practice – Concerns raised via 2018 GMC survey relating to induction and feedback</li> <li>• Psychiatry – Current Procedural Terminology (CPT) &amp; Old Age Psychiatry – concerns with workload and local teaching</li> </ul> <p>The risk will be considered and captured on the directorate risk registers as appropriate.</p>				
<b>Health, Safety &amp; Fire</b>	<b>Incident Reporting (DATIX)</b> <ul style="list-style-type: none"> <li>• The Delivery unit in POW manage incidents for the area (except never events and some SUI's)</li> <li>• POW operate a different DATIX process to CTUHB</li> <li>• DATIX sub group set up to support and advise the Governance work stream on integrated Bridgend incidents post transfer</li> <li>• outstanding RIDDOR investigations to be incorporated into CTUHB reporting post transfer</li> <li>• Staff transferring from Bridgend region will not have access to CTUHB intranet</li> </ul>	<ul style="list-style-type: none"> <li>• CTUHB IT team have provided assurances that all computers in the Bridgend region will have access to the CTUHB intranet pages on 1<sup>st</sup> April 2019 as that is the prime means for staff to access DATIX for reporting concerns, incidents and risks.</li> <li>• If the CTUHB intranet system is not available on the 1<sup>st</sup> April 2019, staff will be requested to report via the ABMUHB system and information will be manually transferred to the CTUHB system at a later date.</li> <li>• Training has been set up and is running throughout March and April to ensure staff in Bridgend who are</li> </ul>	<ul style="list-style-type: none"> <li>• Potential financial legacy issues.</li> </ul>	SWFRS  HSE  NWSSP	Staff Information Intranet pages - DATIX Position statement ABMUHB intranet link: <a href="http://howis.wales.nhs.uk/sites3/page.cfm?orgid=743&amp;pid=74056">http://howis.wales.nhs.uk/sites3/page.cfm?orgid=743&amp;pid=74056</a>  CTUHB link to SharePoint <a href="http://ctuhb-intranet.cymru.nhs.uk">http://ctuhb-intranet.cymru.nhs.uk</a>	Head of Health, Safety & Risk,

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
	<p>site and not able to report anything via DATIX.</p> <ul style="list-style-type: none"> <li>Staff who have transferred to CTUHB are still able to report concerns, incidents or risks on the ABMUHB system.</li> <li>Staff in ABMUHB report concerns, incidents or risks on the CTUHB system</li> </ul> <p><b>Fire Safety Compliance</b></p> <ul style="list-style-type: none"> <li>ABMUHB have one Fire Safety enforcement notice for POW;</li> <li>ABMUHB have several INNOs and CTUHB have obtained the Fire Safety Audit report from NWSSP;</li> <li>Bridgend fire safety matters to be included in the Health, Safety and fire report for the CTUHB Quality, Safety &amp; Risk Committee.</li> </ul> <p><b>Training</b></p> <ul style="list-style-type: none"> <li>ESR training data to be reviewed to identify focus areas for level 1 training</li> <li>Review of specific roles to be undertaken in conjunction with workforce to identify staff who require level 1, 2 or 3 training post transfer.</li> </ul> <p><b>Equipment, Resources and Contracts</b></p> <p>An inventory of all equipment for health and safety, manual handling, violence and aggression and fire safety to be provided. Any service contracts to be identified along with renewal dates.</p>	<p>transferring to CTUHB are aware of these changes.</p> <ul style="list-style-type: none"> <li>Transition Communication Team have developed webpages including details on Incident Reporting and accessing DATIX.</li> <li>From 1 April 2019 access to reporting any new concerns, incidents or risks will be prevented on the ABMUHB system for staff who have transferred to CTUHB. They will be signposted to the CTUHB system instead.</li> <li>Regular checks will be undertaken on both organisations DATIX systems to determine incorrect reporting and information will subsequently be manually transferred between Health Boards. Awareness training for all staff and managers will support a reduction in future errors.</li> <li>To date User Accounts have been created for approximately 400 managers transferring. Anyone who is missed and requires access can request it through a confirmed process and this will be set up as required.</li> <li>At 12:01am on the 1 April 2019 a data file will be taken from the ABMUHB system of all concerns, risk and incident information contained within the Bridgend region. CTUHB will have access to run reports from this data file, although it will not form part of the current live system. Historic information is still available from the previously merged Health Trusts (Pontypridd and Rhondda NHS Trust and North Glamorgan NHS Trust) and the data file from ABMUHB will be included alongside it. The DATIX Manager from ABMUHB has confirmed this can be achieved and will provide the data file.</li> </ul>			<p><a href="/useful/NUSIP/ layouts/15/start.aspx#/SitePages/Home.aspx">/useful/NUSIP/ layouts/15/start.aspx#/SitePages/Home.aspx</a></p> <p>SWFRS Fire Enforcement Notice</p> <p>Health &amp; Safety Executive (HSE) Report POW</p> <p>ESR training compliance report</p>	

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
		<p>As there will be a period when some concerns, risks and incidents reported prior to the 1 April 2019 will be live on the ABMUHB system, although the services will have transferred to CTUHB, it has been agreed that the staff moving to CTUHB will still have access to the ABMUHB system to allow their closure. As a result the DATIX Manager from ABMUHB will provide regular updated data files to CTUHB until all issues are resolved and closed. A review has been scheduled for the end of June 2019 to assess how many actions are still open on the ABMUHB system and based on the findings action plans will be further developed.</p> <ul style="list-style-type: none"> <li>Head of Internal Audit has shared formal Health and Safety Executive (HSE) report on issues at POW with Head of Health &amp; Safety;</li> <li>SWF&amp;RS enforcement notice in place for POW.</li> </ul>				
<b>Information Governance (IG)</b>	<ul style="list-style-type: none"> <li><b>Patient privacy notice</b> - notice in place. This has been completed and has been published on the appropriate web pages;</li> <li><b>staff privacy notice</b> – staff privacy notice approved and has been published on the appropriate webpages;</li> <li><b>Informatics Work Stream Data Protection Impact Assessment (DPIA)</b> – has been reviewed through a joint approach to legal basis and Information Governance (IG) consent &amp; Data Controller, Joint Data Controller and Data Processor roles</li> <li><b>Information Asset Register (IAR)</b> – The Information Governance team at CTUHB have met with the ABMUHB to discuss the asset register and there</li> </ul>	<ul style="list-style-type: none"> <li>From 1 April 2019 CTUHB will become data controllers in common under the General Data Protection Regulation for the information within the shared environment</li> <li><b>Information Sharing Protocols (ISPs), Data Disclosure Agreements (DDAs)</b> etc. already in place and revised as necessary – The Lead for ISPs in Bridgend CBC attended the ISP regional group in January 2019. Jointly working through any gaps, and any documents that need amending in line with boundary changes are being updated.</li> </ul>	<ul style="list-style-type: none"> <li>As part of the Information Sharing arrangements, ABMUHB will need to ensure a mechanism is in place for the legal sharing of information.</li> </ul>	BCBC  ICO	<p>Patient privacy notice – <b>see Appendix 25.</b></p> <p>Staff privacy notice – See <b>Appendix 11.</b></p> <p>Informatics Work Stream Data protection Impact Assessment (DPIA) – see <b>Appendix 26.</b></p> <p>Information Sharing Protocol (ISP) see <b>Appendix 27.</b></p>	



Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
	<p>are different systems in place. They will remain separate for now, CTUHB has access to the Bridgend register. Further discussion is required as to how we integrate the POW assets in the future;</p> <ul style="list-style-type: none"> <li>• <b>ESR IG training</b> data review ongoing- L&amp;D manage the training in CTUHB so they are meeting with the ABMU lead to look at the future training plans, including corporate induction, and how the staff records will be updated.</li> <li>• <b>IG training</b> - CN met with IG champion at POW to discuss approach to training. Meeting arranged for Jan 2019. – CN will be attending future POW IG meetings, and their IG champion will form part of the CT IG membership.</li> <li>• <b>Information Sharing Protocols (ISPs), Data Disclosure Agreements (DDAs)</b> etc. already in place and revised as necessary – The Lead for ISPs in Bridgend CBC attended the ISP regional group in January 2019. Jointly working through any gaps, and any documents that need amending in line with boundary changes are being updated.</li> <li>• <b>NIIAS management</b> CN has discussed with Andy Lock – there will be cross sharing of information as and when breaches are required. CTUHB have a different process in place at present, but are looking to adopt a consistent approach in terms of reporting.</li> <li>• <b>Private Patients</b> - Bridgend Clinic – the IG requirements of the Bridgend clinic need to be considered.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>NIIAS management</b> there will be cross sharing of information as and when breaches are required. CTUHB have a different process in place at present, but are looking to adopt a consistent approach in terms of reporting.</li> <li>• <b>Private Patients</b> - Bridgend Clinic – A governance framework for Bridgend clinic is in the final stages of being approved and will be in place for 1 April 2019. An Information Governance audit has been undertaken and an action plan in response to the audit is being developed.</li> </ul>			<p>Information Governance Compliance Audit POW see <b>Appendix 32</b>.</p> <p>Governance framework for the Bridgend Clinic see <b>Appendix 33</b>.</p>	
<b>Emergency Planning</b>	<b>Business Continuity Plans</b>		<ul style="list-style-type: none"> <li>• BCP policies being updated to reflect Bridgend element</li> </ul>		The Civil Contingencies	Civil Contingencies Manager

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
<b>Preparedness and Response (EPPR)</b>	<ul style="list-style-type: none"> <li>Baseline audit of BCP arrangements undertaken to identify gaps/differences;</li> <li>Individual directorates have updated existing BCP's to cover Bridgend sites;</li> <li>BCP policies are being updated to reflect Bridgend element;</li> <li>Need to arrange business continuity exercise to test the resilience of EPPR plans;</li> <li>CTUHB updated the following HB wide policies/procedures in January 2019: <ul style="list-style-type: none"> <li>Critical Threat Level Response Protocol;</li> <li>Severe Weather Contingency Plan – Snow and Ice;</li> <li>Procedures for Emergency Pressures Escalation.</li> </ul> </li> </ul> <p><b>On Call Arrangements</b></p> <ul style="list-style-type: none"> <li>The Chief Operating Officer's (COO's) have agreed that the existing on call model for silver response will continue between April-June 2019;</li> <li>The Gold response will transfer at 12:01am 1 April 2019 – Pam Wenger will hand over to Angela Hopkins as part of the Executive on call rota.</li> </ul> <p><b>ICT Access</b></p> <ul style="list-style-type: none"> <li>Ensure that ICT have sight of all systems on the General Data Protection Regulations (GDPR) Log;</li> <li>Liaise with Facilities to ensure that there are new procedures etc. in place for the cascade. Ensure that any cross cutting policies or procedures are loaded on both SharePoint sites;</li> <li>Procurement to look at the situation relating to the contracts and payments made so that non NHS Wales Shared</li> </ul>	<ul style="list-style-type: none"> <li>The Health Board may need to consider the resources required to enable capacity to deliver effective EPPR plans for CTUHB;</li> <li>Additional Training will require additional delivery capacity for CTUHB;</li> <li>CTUHB – 2 separate PAS (Myrddin) systems for CTUHB and ABMUHB – need to look at this – AF is going to discuss with the CTUHB and ABMUHB IT leads;</li> <li>Switchboard –risk there are separate switchboards for the 3 sites.</li> </ul> <p><b>On Call Arrangements</b></p> <ul style="list-style-type: none"> <li>Review of POW process and amalgamation of rotas from July 2019 onwards;</li> <li>Training for new on call staff to be undertaken;</li> <li>Familiarisation visits being arranged for Executives on call.</li> <li>On call handbook being compiled for staff</li> </ul> <p><b>Training &amp; Awareness</b></p> <ul style="list-style-type: none"> <li>Analysis of training currently delivered by ABMUHB comparison with the CTUHB prospectus and target audiences.</li> </ul> <p><b>EPPR Staffing levels</b></p> <ul style="list-style-type: none"> <li>There will need to review the resource and capacity required to provide EPPR support to CTUHB.</li> </ul>			Manager has copies of updated business continuity plans, on call rotas and updates policies. Information is available on request and not published for data protection purposes.	

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
	<p>Services Partnership (NWSSP) contracts can be evaluated;</p> <ul style="list-style-type: none"> <li>Ensure that departments are aware of their providers Brexit plans and any potential impact on their systems.</li> </ul> <p><b>Brexit Preparedness</b></p> <ul style="list-style-type: none"> <li>An overarching risk assessment for CTUHB has been completed taking cognisance of Government guidance;</li> <li>The Civil Contingencies &amp; Business Continuity Manager has met with the Estates department and advised on the steps required to ensure Business Continuity arrangement regarding contracts for supplies and Services which sit outside the SSP arrangements;</li> <li>The Workforce Directorate have analysed the workforce data to ascertain the extent of recording and intelligence as to the numbers of EU nationals employed by CTUHB;</li> <li>Consider the formation of a CTUHB Strategic Brexit Group;</li> <li>Facilities work stream are capturing the equipment and contracts that would need to be transferred;</li> <li>Partnerships work stream looking at third sector agreement.</li> </ul>					
<b>Indemnity Insurance</b>	<p><b>Indemnity</b></p> <p>The UHB shall be liable for acting and shall indemnify against any loss, liability, claim or proceedings whatsoever arising under statute or at common law in respect of error, omission or negligence while providing the service. This will be in accordance with the Welsh Risk Pool (WRP) arrangements with the NHS Wales Shared Services Partnership (NWSSP).</p>	NWSSP are aware of the boundary change and the fact that responsibility for Bridgend lies with CTUHB from 1 April 2019.	None identified	NWSSP	WRP Policy – see <b>Appendix 34.</b>	Board Secretaries
<b>Communication &amp; Corporate Identity</b>	<p><b>Staff Internal Communication</b></p> <ul style="list-style-type: none"> <li>All staff transferring to CTUHB have access to the CTUHB SharePoint site which includes important information</li> </ul>	None Identified	None identified	Trade Unions Staff	ABMUHB intranet link: <a href="http://howis.wales.nhs.uk/sites3/page.cfm?">http://howis.wales.nhs.uk/sites3/page.cfm?</a>	Head of Communications

Bridgend Transition Programme – Handover Statement						
Theme/Area	Summary Position as at March 2019 (including key issues, finance, priorities)	Implications for CTUHB post April 2019 (Next Steps, Timescales, Risks)	Implications for ABMUHB post April 2019 (Residual Issues/risks)	Key Partners	Key Documents	UHB Lead (ABMU/CTUHB)
	<p>including frequently asked questions (FAQs) on communication activity, policies etc;</p> <ul style="list-style-type: none"> <li>• Staff induction sessions;</li> <li>• Circulation lists for key email groups will be updated to include staff from Bridgend where applicable.</li> </ul> <p><b>External Communication</b> All stakeholders are informed of the new arrangements post transfer.</p> <p><b>Cwm Taf Cares – Values</b> The CTUHB values are being reviewed and all staff will be made aware of the new values.</p> <p><b>Corporate Identity</b> Changes to corporate branding including, corporate literature, signage, correspondence and vehicle livery will be planned as required and costs will be kept to a minimum. Report to be issued to Welsh Government April 2020, providing an update on costs.</p> <p><b>Policies</b> All staff have been alerted to the policy position statement via the FAQ pages of the intranet.</p>	<p>None Identified</p> <p>To be aware of the background and the development of the ABMUHB Values</p> <p>To be addressed by the new organisation.</p> <p>All staff will also be required to adhere to procedures that support policies.</p>	<p>None Identified</p> <p>None Identified</p> <p>To be addressed as part of internal arrangements.</p> <p>All staff will also be required to adhere to procedures that support policies.</p>		<p><a href="#">orgid=743&amp;pid=74056</a></p> <p>CTUHB link to SharePoint <a href="http://ctuhb-intranet.cymru.nhs.uk/useful/NUSIP/layouts/15/start.aspx#/SitePages/Home.aspx">http://ctuhb-intranet.cymru.nhs.uk/useful/NUSIP/layouts/15/start.aspx#/SitePages/Home.aspx</a></p> <p>NHS Wales Corporate Identity Guidelines – see <b>Appendix 35</b>.</p> <p>ABMUHB intranet link: <a href="http://howis.wales.nhs.uk/sites3/page.cfm?orgid=743&amp;pid=74056">http://howis.wales.nhs.uk/sites3/page.cfm?orgid=743&amp;pid=74056</a></p> <p>CTUHB link to SharePoint <a href="http://ctuhb-intranet.cymru.nhs.uk/useful/NUSIP/layouts/15/start.aspx#/SitePages/Home.aspx">http://ctuhb-intranet.cymru.nhs.uk/useful/NUSIP/layouts/15/start.aspx#/SitePages/Home.aspx</a></p>	

## 9. PERFORMANCE MANAGEMENT INFORMATION

### 9.1 Integrated Medium Term Plan (IMTP)/1 Year Plan

The development of the performance dashboard for Bridgend will enable Cwm Taf UHB to report performance for the services transferring. A large amount of the performance information will be available from sources and systems within the management control of Cwm Taf, but there will be a reliance on PAS related data for the management of waiting lists, Referral to Treatment (RTT) in particular. The detail of this information has been agreed and will form part of the SLA for informatics support between both Health Boards.

### 9.2 Performance Dashboard for Bridgend

A copy of the draft performance dashboard for Bridgend has been developed and the most recent iteration of this report is concluded in the performance section of Table 1 on page 46 above. Behind this is granular detail information which can be used to combine with existing Cwm Taf data to provide a Cwm Taf UHB position where required from 1 April 2019 onwards.

Performance as defined here is high level organisational performance against the key indicators set out in the NHS Wales delivery framework. There will be a need for performance measurement and management of the SLAs which have been established for service models which cross the Health Boards. The monitoring process has been developed but is not included here as this relates the commissioning and contracting work stream.

Finally discussions are ongoing around the detail of cancer referral information and these have been prioritised for resolution.

Further information can be accessed in Table 1, Performance stream section on page 46.

## 10. PEOPLE/WORKFORCE INFORMATION

A complete list of all staff transferring to CTUHB can be obtained through contacting the workforce team at CTUHB. A 'due diligence' process was completed via the People Work stream and workforce representatives from ABMUHB and CTUHB were fully involved in the process.

### 10.1 Transfer Order

In order to enact the decision by Welsh Government to implement the health Board boundary change there was a legal requirement to legally enact the transfer through laying Boundary Change Order see **Appendix 36**, and Transfer Order – see **Appendix 10**, which was approved by the National Assembly for Wales. The Governance work stream worked with Welsh Government to ensure that the appropriate legislative frameworks were adhered to. The people work stream managed staffing issues relating to the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE), as amended.

Further information can be accessed in Table 1, People Work stream section on page 28.

## 11. FINANCIAL INFORMATION

### 11.1 Financial Overview

The financial aspects of the transfer have been overseen by the Finance Work stream, which is chaired jointly by the AMBUHB and CTUHB Directors of Finance. The key overarching principles that have guided the finance work are:

- Both Health Boards will work together and with Welsh Government to ensure that neither population nor organisation is disadvantaged by the operational or financial consequences of the changes.
- Continuity of the quality and delivery of patient care will be central to all actions and decision-making.

In addition, the Joint Transition Board agreed the expansion of these principles to further underpin the financial discussion and decision-making associated with the transfer. In particular:

- **Assets and liabilities:** With some agreed exceptions as set out in the Transfer Order, all assets and liabilities associated with the Bridgend transfer will transfer to CTUHB;
- **Recurrent cost neutrality:** The clear intention is that the transition should not drive additional recurrent costs into the system. Both Health Boards will work together to manage and minimise the potential recurrent financial impacts
- **Non-recurrent costs:** These will be managed down and minimised where possible commensurate with maintaining service delivery and managing the transition effectively. All non-recurrent costs attributed to the boundary change will be demonstrably additional to core costs
- **Risk management:** The Health Boards will work together to identify and manage risks relating to financial stability as a result of the transfer to ensure that they are assessed and managed via regular engagement, and will look for shared solutions through collaboration and efficiency to mitigate emerging cost pressures
- **Focus on patient care:** In managing any financial pressure as a result of the transfer, funding will not be diverted from front line patient care. The quality and safety of clinical services cannot be disadvantaged through disinvestment in order to support corporate functions.

In terms of work undertaken and completed, the Work stream has:

- Agreed with Welsh Government the level of recurrent allocation transfer to CTUHB for the Bridgend population, as well as the disaggregation of other capital and revenue allocations and income streams
- Revised existing and developed new intra NHS service delivery contracts to support both clinical and non-clinical NHS cross organisation working
- Identified the Charitable Funds to transfer
- Identified and configured the financial systems, reporting and control processes which underpin the creation and management of financial information, to allow both organisations to maintain robust financial control and governance
- Confirmed the name changes and registration with external and statutory bodies, such as Her Majesty's Revenue & Customs (HMRC), the Charity Commission and banks
- Undertaken a comprehensive contract review, with contracts disaggregated and novated to CTUHB where appropriate.

In terms of the key issues and risks post 1 April 2019, the most significant is the financial impact assessment. Understanding the financial implications of the transfer is a highly complex and detailed undertaking, which is dependent on key processes such as service delivery transfers, intra NHS contracting arrangements and the transfer of staff. Whilst positive and timely progress is being made, this is subject to revision and refinement as clinical delivery models and staff transfers are being finalised.

The Directors of Finance are presenting an agreed shared understanding and assessment of the financial implications for both organisations at the end of March and April 2019, which will be discussed with the Joint Transition Board. This financial impact work is predicated on not driving additional costs into the system and, where cost pressures are emerging, ensuring that both finance teams work together to manage and mitigate through efficiency and collaboration.

ABMUHB is recognising a potential financial risk from 2019-20. This is being primarily driven by the ability to fully release costs particularly over the short term, for example, from corporate functions and other management overheads in operational service areas. There are also potential diseconomies of scale in the arrangements for the delivery of clinical and non-clinical support services.

The Health Board is focussed on releasing as much cost as possible as soon as possible, while maintaining the emphasis on the quality, safety and timely delivery of patient care. This work will continue and is being prioritised through March and the coming period, with the intention of identify actions to minimise any financial implications as far as possible. This is being forward in partnership with CTUHB.

Both organisations have agreed to progress this financial impact assessment work in 2019-20 to provide further continuous assessment and to consider additional opportunities to reduce, manage and mitigate any emerging financial consequences. Welsh Government has also indicated that it will commission an external due diligence review to provide assurance around the financial components of the transfer. It is expected that this will complete in Q1 2019-20.

Any residual financial implications, plus the opportunities and actions to manage, will be developed and incorporated into both organisations' forward financial plans. These will then be discussed and tested with Welsh Government as part of the Integrated Medium Term Plan review process.

Further information can be accessed in Table 1, Finance work stream section on page 47.

## **11.2 Costs of Name Change**

Both Health Boards have ascertained that the potential costs of the name changes have been assessed as circa £100,000 for each Health Board should all re-branding take place immediately after 1 April 2019. Both Health Boards have provided an assurance that signage will be updated as and when routine changes are required. Immediate changes will be linked to electronic corporate branding including websites, letterheads and other e-documents.

The Minister for Health and Social Services announced on 16 January 2019 his agreement to the proposed new name of each Health Board. This follows an engagement exercise with the public, staff and stakeholders.

- Abertawe Bro Morgannwg Local University Health Board will become Bwrdd Iechyd Lleol Prifysgol Bae Abertawe / Swansea Bay Local University Health Board.
- Cwm Taf | Local University Health Board will become Bwrdd Iechyd Lleol Prifysgol | Cwm Taf Morgannwg | Local University Health Board.

At the request of Welsh Government an analysis of costs in relation to changes to corporate identity will be undertaken in April 2020 and a note will be issued to the Welsh Government for assurance.

## **12. CORPORATE GOVERNANCE INFORMATION**

### **12.1 Transfer Order/Boundary Change Order**

In order to enact the decision by Welsh Government to implement the health Board boundary change there is a legal requirement lay a Boundary Change Order and Transfer Order before the National Assembly for Wales. Once approved these will legally enact the transfer. The Governance work stream are working with Welsh Government to ensure that the appropriate legislative frameworks are being adhered to. The workforce work stream are managing staffing issues relating to the Transfer of Undertakings (Protection of Employment) Regulations 2006. The Transfer Order is presented at **Appendix 10** for information. The accompanying Boundary change order is presented at **Appendix 36** for information.

### **12.2 Managing Risk**

The importance of vigilance in terms of assessing both transition and business continuity risks must be emphasised. Therefore, the UHB Handover Statement ensures that business continuity risks are managed and minimised.

Where an ongoing commitment has been made by the UHBs to a service development an assessment of risk associated with the transition should be conducted for each development in order to ensure that the successor organisation will have adequate capacity, resources and access to the relevant specialist advice to continue with delivery.

A Programme Risk Register has been maintained during the review process and all ABMUHB risks associated with Bridgend, categorised as high, medium and low will be discussed by the CTUHB Executive Team, and residual risks will be integrated into the CTUHB Organisational Risk Register and monitored accordingly.

The main themes that need to be considered through implementation relate to workforce (capacity, training, skill mix); pace of implementation; continued review of the financial impact; ongoing engagement and communications; and equality impact assessment.

It is important that residual risks relating to the Bridgend Transition Programme are carried forward and integrated into the CTUHB organisational risk register. ABMUHB have reviewed and refreshed its Health Board Risk Register in its entirety, and a copy will be provided to CTUHB for inclusion in their own Corporate Risk Register and directorate risk registers as appropriate. CTUHB will need to review and assess if there are any additional risks that require inclusion on their Corporate risk register/directorate risk registers, or if any of the risks will impact on the scoring or risk currently held on risk registers.

### **12.3 Information Governance**

#### **12.3.1 Freedom of Information Act (FOIA)**

ABMUHB Board will continue to process any Freedom of Information Requests received prior to and on 31 March 2019. Any Freedom of Information requests received from 1 April 2019 in relation to the Bridgend area will be transferred to CTUHB.



### 12.3.2 Information Sharing

The UHB's are aware of their statutory obligations and responsibilities, including those under the Data Protection Act (DPA), and the new General Data Protection Regulations (GDPR) and an information governance risk assessment was undertaken as part of the transition programme to identify key focus areas.

There are clear and robust information sharing procedures in place to ensure that there is a joint designated 'Safe Haven' which meets national standards regarding the receipt and transfer of information. This includes the use of patient information for clinical training, research and systems testing and procedures for the different means of communicating personal and confidential information

Both ABMUHB and CTUHB, and individual members of staff, have a legal obligation to comply with all appropriate legislation in respect of information handling, information security and confidentiality, and responsibility lies with staff/departments to ensure that the confidentiality/security of information is maintained whilst under their ownership and to seek advice from senior management or the Information Governance Department as necessary.

All 'contractual' policies will transfer with staff in line with the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) principles, including Information Governance policies.

Further information can be accessed in Table 1, Records Management section page 53 and the Information governance section on page 57.

## **12.4 Corporate Governance**

### 12.4.1 Work Programme

The responsibility for the Governance of the work programme ultimately lies with the respective Boards at ABMUHB and CTUHB, overseen by the Joint Transition Board (JTB).

Internal governance reporting is via monthly Joint Transition Board meetings, and monthly progress reports to each Health Board, as well as monthly service reviews with the Chief Executives, Directors of Finance, Directors of Workforce & OD, Chief Operating Officers and the Directors of Corporate Governance.

### 12.4.2 Accountability Report and Annual Report

ABMUHB will prepare the Annual Governance Statement, Accountability report and Annual Report for the period ending March 2019. A copy of these documents will be provided to CTUHB for information.

## 12.5 Internal Audit Reports

ABMUHB's Audit Committee approved the Internal Audit Plan for 2018/19 in March 2018. During the year the Head of Internal Audit for ABMUHB has issued a number of reports where the scope of the review has included reference to the Princess of Wales (POW) Hospital. Those reports issued in final along with the opinions up to the end of February 2019 are shown below:

<b>Title of Report</b>	<b>Level of assurance</b>
<b><i>Fire Safety (Follow Up) (17/18)</i></b>	<i>Limited</i>
<b><i>Non-Pay Expenditure: Goods Receipting (17/18)</i></b>	<i>Limited</i>
<b>Princess of Wales Service Delivery Unit (18/19)</b>	Limited
<b>Funds Held On Trust Funds Held On Trust (Part I &amp; II) (18/19)</b>	Limited
<b>Deprivation of Liberty Safeguards (DoLS) (Adult Protection-POVA) (Follow Up) (18/19)</b>	Limited
<b><i>Equipment Replacement (17/18)</i></b>	<i>Reasonable</i>
<b>Mortality Review (follow up) (18/19)</b>	Limited
<b>Pressure Ulcer (follow up) (18/19)</b>	Reasonable
<b>Control Of Substances Hazardous to Health (COSHH)</b>	Limited
<b>Fire Safety (follow up) (18/19)</b>	Limited

The Head of Internal Audit has confirmed that in the last Quarter of 2018/19 it is the intention to undertake a follow-up review to the report that related to the Princess of Wales Delivery Units governance arrangements. However, this was dependent upon the Director at Princess of Wales Hospital confirming that all audit recommendations have been actioned. Recently, the Director has confirmed that sufficient progress has been made against internal audit recommendations for the follow up to be completed.

A summary of Internal Audit progress against planned reported to the ABMUHB Audit Committee 21 March is appended. The Head of Internal at ABMUHB HB is in regular communication with the Head of Internal Audit at CTU to ensure that once the full plan has been delivered any additional Internal Audit reports that has and bearing or relevance to CTU will be added to those listed above. In addition both Heads of Internal Audit will continue to liaise on a regular basis post 31<sup>st</sup> March 2019 to ensure that there is a sharing of knowledge that will enable Internal Audit to continue to provide an effective and efficient service for both organisations

## 12.6 External Audit Reports

The Auditor General for Wales is the statutory external auditor of most of the Welsh public sector, including National Health Service bodies. The Wales Audit Office (WAO) carries out work on behalf of Auditor General, examining how public bodies manage and spend public money, including how they achieve value in the delivery of public services. This work includes: auditing the financial accounts; reporting on how services are being delivered; assessing whether value for money is being achieved; and checking how improvements are being planned and delivered. The WAO undertake financial and performance audit work specific to the Health Board and also provide information on the Auditor

General's programme of national value for money examinations which have relevance to or impact on the Health Board, with best practice being shared.

In addition to the annual audit of financial statements (including both accounts and charitable funds), the following performance audit reviews at ABMU Health Board have been completed in the last two years:

- [Primary care services](#)
- [Structured Assessment 2018](#)
- [Discharge planning](#)
- [Follow-up out-patient appointments](#)
- [Structured Assessment 2017](#)
- [GP out of hours services](#)
- [Radiology services](#)

These reviews have examined health board wide arrangements although some, such as discharge planning and radiology, contain references specific to the Princess of Wales Hospital. Work currently in progress or due to commence includes:

- Cross Sector Thematic: Intermediate Care Fund
- Clinical Coding Follow Up review
- Well Being of Future Generations
- Orthopaedic Services Follow Up review
- Local audit Project: Follow up of progress in addressing previous 'consultant contract' recommendations

External audit reports are available on the [WAO website](#), including the [Annual Audit Report](#) for 2018.

## 12.7 Other Regulatory Body Audit/Inspection Reports

The following regulatory body audit/review were completed within ABMUHB in 2018 -2019 and relate to services provided to the Bridgend area:

<b>Healthcare Inspectorate Wales (HIW)</b> <ul style="list-style-type: none"> <li>• <b>Princess of Wales (POW) Hospital – HIW Surgical Services (Orthopaedics/Theatres)</b> Unannounced Inspection – there are some outstanding actions which will be reviewed mid March (in line with agreed timescales) and will be presented/reported to the POW Leadership team;</li> <li>• <b>Pan ABMUHB Cardiology Report</b> – sections related to Ward 4, Cardiology, Princess of Wales (POW) Hospital – an action plan is in place to address the recommendations made.</li> </ul>
<b>Community Health Council (CHC)</b> <ul style="list-style-type: none"> <li>• <b>Unannounced visits to Princess of Wales (POW) Hospital site</b> – during February 2019 there were a number of CHC visits. The Leadership team in POW have not yet received any verbal feedback or written outcome reports to date.</li> </ul>
<b>Health &amp; Safety Executive (HSE)</b> <ul style="list-style-type: none"> <li>• A Health &amp; Safety Executive (HSE) improvement notice was issued for the management of electrical safety with air mattress leads. This is an ABMUHB wide notice with compliance date due end of March 2019. HSE may re-inspect post April 2019 and consider CTUHB in this follow up. The Head of Operational Health Safety and Fire (CTUHB) has been briefed by Head of Health and Safety (ABMUHB) on this;</li> </ul>

- The HSE have issued 10 improvement notices to ABMUHB:
    - 4 relate to manual handling and (Singleton & Morriston)
    - 4 relate to violence and aggression. (Singleton & Morriston)
    - 1 x electrical safety
    - These are all targeted at areas that will become Swansea Bay UHB. The HSE may inspect post reorganisation and consider CTUHB in this follow up. The Head of Operational Health Safety and Fire (CTUHB) has been briefed by Head of Health and Safety (ABMUHB) on this;
    - 1 x relates to an ABMUHB-wide Improvement notice for the management of incidents. HSE concerns are around the quality of investigations, sharing lessons etc. Time period for compliance is September 2019 and therefore is likely to affect CTUHB going forward. The Head of Operational Health Safety and Fire (CTUHB) has been briefed by Head of Health and Safety (ABMUHB) on this.
- Active information on Management of Scabies - Head of Operational Health Safety and Fire (CTUHB) has been briefed by Head of Health and Safety (ABMUHB) on this;

#### **South Wales Fire & Rescue Service (SWFRS)**

- The South Wales Fire & Rescue Service (SWFRS) have issued a Fire safety notice for Theatres in the Princess of Wales (POW) Hospital. The Head of Health and Safety (ABMUHB) has reported that the estates work is not likely be completed in time and an extension to the notice will now be requested. The Head of Operational Health Safety and Fire (CTUHB) has been briefed by Head of Health and Safety (ABMUHB) on this.
- SWFRS have also undertaken an unannounced visit to the learning disability bungalow.

#### **Nursing & Midwifery Council (NMC)**

- Current ongoing NMC referrals – This data will be shared Executive Director of Nursing (ABMUHB) to Executive Director of Nursing (CTUHB).

#### **Health & Care Professions Council (HCPC)**

- Current ongoing HCPC referrals – This data will be shared Director of Therapies (ABMUHB) to Director of Therapies (CTUHB).

#### **General Medical Council (GMC)**

- Current ongoing GMC referrals – This data will be shared Executive Medical Director (ABMUHB) to Executive Medical Director (CTUHB).

#### **Health, Education & Improvement Wales (HE&IW)**

- The Health, Education and Improvement Wales (HE&IW) (formerly the Wales Deanery) report reports into the Unit Medical Directors (UMD) department and the Assistant Medical Director (AMD) for education and are considered (owned) by the doctors;
- The UMD at POW has the overview of the O&G action plan, being led locally by Aditi Miskin as Educational Lead for O&G training. The ABMUHB Medical Director has requested an update.
- The detail of issues in medical training would be shared directly with the Medical Director's department in CTUHB;
- The interim position for all things MD related is that they're being repatriated from ABM HQ to POW before aligning with CTUHB;

<ul style="list-style-type: none"> <li>A list of HEIW risks in relation to the POW hospital is outlined in the risk management section of table 1 and at <b>Appendices 30 &amp; 31</b>.</li> </ul>
<b>Inquests – Coroner’s Office</b>
<ul style="list-style-type: none"> <li>7 listed for March 2019 (one of which will move to a pre inquest and be listed for April 2019)</li> <li>4 listed for April 2019</li> <li>2 listed for May 2019</li> <li>1 listed for August 2019</li> <li>9 awaiting listing date.</li> </ul>
<b>Public Services Ombudsman Wales (PSOW)</b>
<ul style="list-style-type: none"> <li><b><u>New Investigations - 2 cases</u></b> - Both awaiting the Public Services Ombudsman for Wales (PSOW) to confirm the decision on how individuals wish to proceed</li> <li><b><u>Final Report Stage 4 cases</u></b>– All have action plans in place with only 1 having a completion date due after 1 April 2019</li> <li><b><u>Awaiting Outcome of Ombudsman’s Investigation 5</u></b> – No overdue submissions.</li> </ul>

The issues identified are being progressed by CTUHB. Further information can be accessed in the Quality & Patient Safety Legacy statement, see **Appendix 5**.

## 12.8 Policies/Procedures

The activities of both the ABMUHB and CTUHB take place within the national policy framework of NHS Wales and any national policy changes may affect the delivery of services by either party, necessitating changes to this statement.

The agreed policy position statement for staff transferring to CTUHB on 1 April 2019 is outlined below:

### **BRIDGEND TRANSITION PROGRAMME POLICY POSITION STATEMENT FOR STAFF TRANSFERRING TO CWM TAF UHB ON 1 APRIL 2019**

All staff transferring to Cwm Taf University Health Board (CTUHB) from Abertawe Bro Morgannwg University Health Board (ABMUHB) on 1 April 2019, will transfer under the Transfer of Undertakings (Protection of Employment) Regulations 2006, as amended (TUPE). The transfer will not affect the statutory or contractual rights of the transferring staff.

The employment policies of ABMUHB and CTUHB are normally agreed all-Wales Policies that are adopted by both Health Boards.

Both the Governance and Workforce work streams have undertaken work to look at the policies and procedures followed by transferring staff and to establish any conflicting practices when compared with the list of policies in existence at CTUHB. A central list of policies for both ABMUHB and CTUHB and a comparison is included on the staff FAQ intranet pages.

A summary of the Policy Review Position as at 31 March 2019 is outlined below:

Category of Policy	Progress
<b>Corporate</b>	<p>All policies now listed for both Health Boards.</p> <p>48 Policies due for review but are not critical for 1<sup>st</sup> April 2019. The Major Incident Policy is critical and will need to be updated before 1<sup>st</sup> April.</p> <p>Policy on Policies (OP1) was reviewed at the December meeting of the Quality Safety &amp; Risk Committee.</p> <p>3 Policies due for review were tabled for the Quality, Safety &amp; Risk Committee Meeting on 7 March 2019.</p> <p>Other Policies will be updated through routine annual review process for policies by April 2020.</p>
<b>Clinical</b>	<p><b>Mental Health</b> Mental health have a total of 82 Clinical policies on the system with 32 of these being identified as a priority for 1 April 2019. 9 red policies remain. Monthly policy review meetings are being held and all policies will be updated by July 2019. Policies classed in the amber risk category will be updated by April 2020.</p> <p><b>Theatres</b> Theatres have a total of 14 Clinical policies on the system with 7 of these being identified as priority for 1 April 2019. Meeting held with Senior Nurses in theatres in CTUHB to discuss local policies. Correspondence has confirmed that the policies used at present will continue to be followed post 1 April 2019. An action plan has been set up for the work required during the shadow period to ensure policies are updated and implemented as a CTUHB policy. There will also be supporting Standard Operating Procedures (SOPs) in place.</p> <p><b>Pharmacy</b> Pharmacy have a total of 151 Clinical policies on the system with 17 identified as priority for 1 April 2019. Nurses will follow CTUHB policies, Bridgend will follow ABMUHB policies from 1 April 2019 until further notice.</p> <p><b>Community/District Nursing</b> Community/ district nursing have a total of 25 Clinical Policies on the system with 7 highlighted as needing to be prioritised for 1 April 2019. The Head of Nursing, has advised that due to the complexity of the community services/ agency partners used by the different areas, Clinical policies will be updated as they review the services and staff will continue to follow existing policies until advised otherwise.</p>

	<b>Maternity</b> These policies are in the process of being reviewed as part of the Maternity review that CTUHB are undergoing. There are 117 Clinical policies on database.
<b>Finance</b>	All policies listed for both Health Boards. There was no requirement for urgent review prior to 1 April 2019.
<b>Estates</b>	All Policies listed for CTUHB. There was no requirement for urgent review prior to 1 April 2019.
<b>Facilities</b>	All policies listed for both Health Boards. Seven Policies were due for review but not prior to 1 April 2019.
<b>Workforce</b>	All policies listed for both Health Boards. Where both organisations have the same or similar policies a comparison was undertaken to outline any differences. The Welsh Partnership Forum will review the policies these in due course. Any CTUHB policies past their review date are on a review programme managed by the Workforce Policy Review Group which meets in partnership on a monthly basis. Until such time a review is undertaken the policies will remain extant.
<b>ICT/ Informatics</b>	All policies listed for both Health Boards. 7 policies required urgent review prior to 1 April 2019.
<b>Health, Safety &amp; Risk</b>	All policies listed for both Health Boards. ABMUHB had 4 policies that required urgent review prior to 1 April.
<b>All-Wales</b>	All "NHS Wales" Policies are routinely updated nationally as required. Two all-Wales policies have been approved, namely: the all-Wales Menopause Policy and the all-Wales Organisational Change Policy. The Welsh Partnership Forum will review other policies in due course.

A list of all of the policies in operation within ABMUHB and CTUHB are accessible via each Health Board's intranet site.

## 12.9 Emergency Planning, Preparedness and Response (EPPR)

The Emergency Preparedness, Resilience and Response (EPRR) Teams at ABMUHB and CTUHB, provide an emergency preparedness service in accordance with the statutory responsibilities outlined within the Civil Contingencies Act 2004, and other statutory legislation concerning emergency preparedness. In meeting their duties, the EPRR teams have a significant interface with key departments and external organisations to ensure that each Health Board can ensure effective business and service continuity in the event of any incident or emergency situation. This involves planning and preparation of resources in order to provide the appropriate response to emergencies.

EPPR risk assessments have been undertaken to identify key focus areas and will include updating existing business continuity plans to cover the full list of sites that are transferring, building continuity plans for individual sites, senior manager and Executive on call arrangements, staffing levels, training and awareness, ICT access and Brexit preparedness.

The updated Business Continuity plans and on call arrangements can be accessed on the CTUHB intranet:

<http://ctuhbintranet/dir/Board/Senior%20Manager%20and%20Executive%20On%20Call%20Rota/Fo rms/OnCall.aspx>



## 12.10 Communication & Engagement

### Bridgend Boundary - Communication and Engagement report

The Joint Transition Board (JTB) agreed a communication and engagement plan to support every phase of transition programme, the key messages, methods of communication and engagement, and the activity that would be put in place.

#### Key messages

A set of key messages were agreed which would underpin all communications. These were:

	Key messages	Supporting message #1	Supporting message #2	Supporting message #3	Supporting message #4
<b>Key message #1</b>	Responsibility for providing healthcare services in the Bridgend County Borough area is transferring from Abertawe Bro Morgannwg University Health Board to Cwm Taf University Health Board. (27)	This will take effect from 1st April 2019. (8)	The change of responsibility follows a <a href="#">public consultation by Welsh Government</a> . (11)	This is an administrative change to the management of some services only. (12)	
<b>Key message #2</b>	There will be no changes to the way any existing healthcare services are provided. (14)	Services are not being reduced or lost. (7)	How patients access or receive care now, will be the same after 1 <sup>st</sup> April 2019. (15)	Patients will continue to travel to the same place as they do now for their care. (15)	
<b>Key message #3</b>	For some staff, their employer will change from Abertawe Bro	For staff who do change employer, in most	The transfer of staff from one employer to another, will	This will be done working in partnership with our staff and	



	Morgannwg University Health Board to Cwm Taf University Health Board. (20)	circumstances, they will continue to do the same job, in the same place, with the same teams. (21)	comply with <a href="#">TUPE Regulations</a> which preserve employees' terms and conditions. (20)	Trade Union representatives. (14)	
<b>Key message #4</b>	The transfer of responsibility will include most hospital and primary care based services across Bridgend County Borough. (14)	Both Health Boards will jointly agree which clinical services will transfer from one organisation to the other. (17)	The responsibility for most clinical services at the Princess of Wales Hospital, Glanrhyd Hospital and Maesteg Hospital are expected to be transferred. (23)	22 GP premises, 18 dental practices and 19 optometry practices will also be included. (14)	
<b>Key message #5</b>	Patient care and safety will always be our top priority. (11)	No patients will be disadvantaged by the transfer of responsibility. (10)			
<b>Key message #6</b>	We can't guarantee that services will never change in the future. (11)	If that need arises, those proposals will be subject to separate public engagement and, where appropriate, consultation. (24)			

A summary of the communication and engagement activities undertaken is outlined below:

## **Internal Communications and Engagement Activity**

### **12.10 1. Transition Board Bulletins**

Following each monthly meeting of the Transition Board, a brief bulletin was produced to highlight key issues and updates for staff. Bulletins were distributed through existing intranets of both health boards as well as cascaded through managers to teams.

### **12.10.2. Staff Drop In sessions with CEOs**

Informal sessions took place each month for staff to raise and discuss any concerns about the Bridgend Boundary Transition Programme with both of the Chief Executive Officer's (CEOs) for ABMUHB and CTUHB. The details for the staff drop in sessions are outlined below:

<b>Date</b>	<b>Venue</b>
Friday 30 November 2018	Boardroom, MPEC, Princess of Wales Hospital
Monday 17 December 2018	Lecture Theatre, MPEC, 1 <sup>st</sup> Floor, Princess of Wales Hospital
Tuesday 22 January 2019	Board Room, Glanrhyd Hospital
Thursday 21 February 2019	Board room, Princess of Wales Hospital
Wednesday 27 March 2019	Lecture Theatre, MPEC, 1 <sup>st</sup> Floor, Princess of Wales Hospital

The first four sessions (November through to February) were well attended with a good mix of staff asking a broad range of questions. The final session in March (with four days remaining to the transfer date) had no attendance.

### **12.10.3 CEO Blogs**

The CEO blogs of both ABMU (published monthly) and Cwm Taf (published weekly) were used to reference progress of the transition programme.

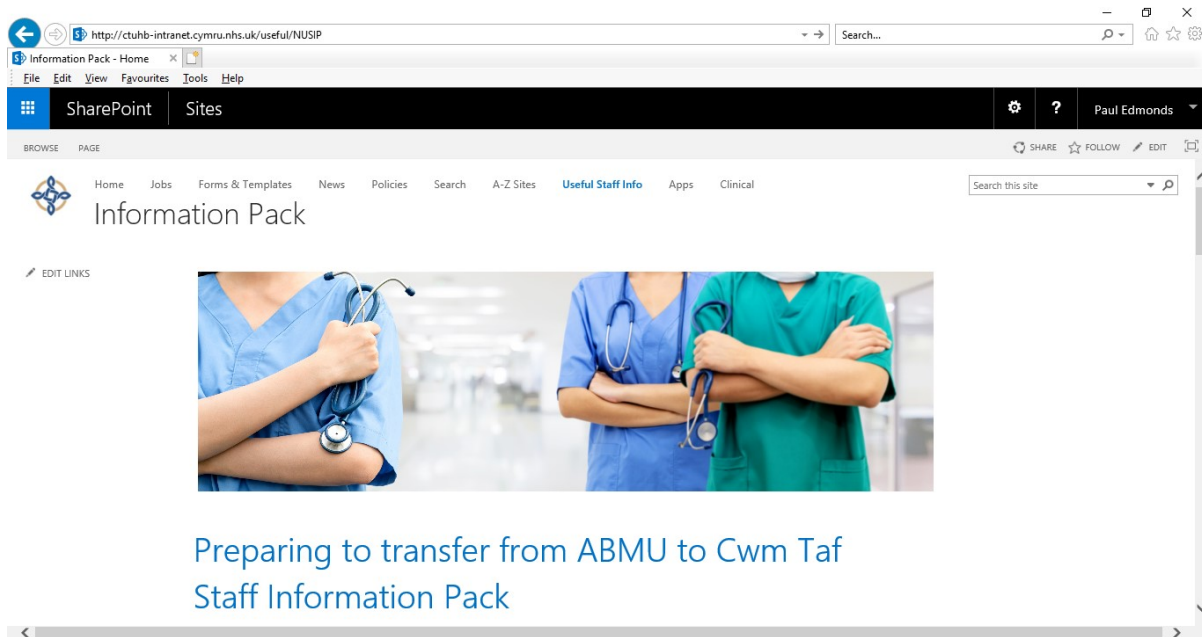
### **12.10.4. Staff Buzz Event**

A leadership event (part of an ongoing series staff engagement events within Cwm Taf referred to as Buzz Events) was held on Monday 11 February 2019 for all middle managers and above. Approximately 100 members of staff attended from across Cwm Taf and those transferring from ABMU.

### **12.10.5. Staff Information Pack**

In February 2019, a Staff Information Pack was developed. This can be viewed at <http://ctuhb-intranet.cymru.nhs.uk/useful/NUSIP> (NHS Wales network access required).

Figure 1 – Home page of the Staff Information Pack Intranet Page

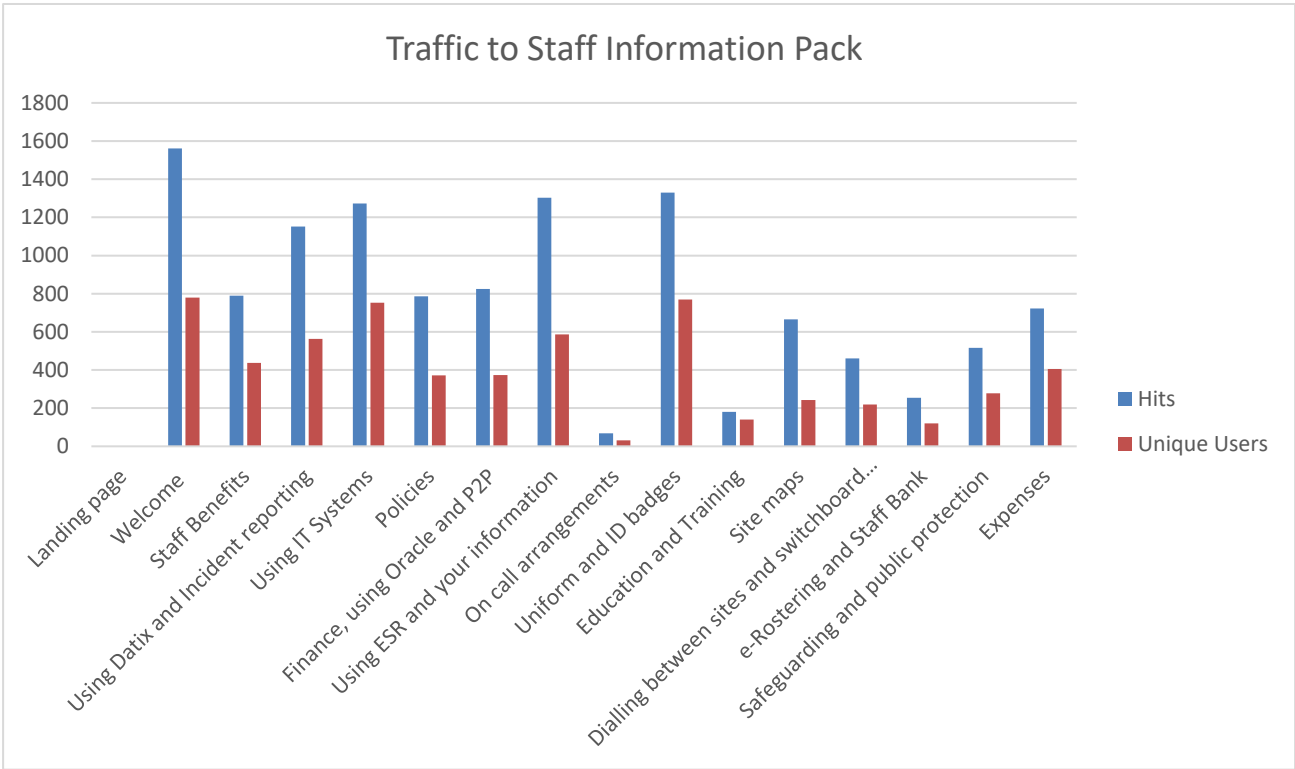


Topics within the pack included:

- Welcome
- Staff Benefits
- Using Datix and Incident reporting
- Using IT Systems
- Policies
- Finance, using Oracle and P2P
- Using ESR and your information
- On call arrangements
- Uniform and ID badges
- Education and Training
- Site maps
- Dialling between sites and switchboard numbers
- e-Rostering and Staff Bank
- Safeguarding and public protection
- Expenses

The graph below shows the traffic to each topic within the information pack as of 9 April 2019. The total number of hits across all topics was 11,889.

Figure 2 – Traffic to each topic of the online Staff Information Pack (as at 9 April 2019)



12.10.6. CEO emails to staff transferring

A distribution list was created to include those staff who transferred from ABMUHB to CTUHB on 1 April (circa 3k email addresses). Weekly targeted emails from the Cwm Taf UHB Chief Executive Officer (CEO) to this distribution list commenced on 4 March 2019 and continued weekly each Monday up until 1 April 2019. Emails highlighted key messages and sign posted to further information within the Staff Information Pack described above. The tone of the emails were designed to be personable and friendly.

There was a correlation between traffic to the Staff Information Pack (above) and the timing of these emails.

12.10.7 Daily message reminders

Single subject reminders which primarily focussed on operational issues were emailed to the same distribution list as above for the final two weeks in March 2019. 10 emails were sent in total (one per day) which were issued from the Transition Team’s generic email account. The messages were designed to be visual and brief.

There was a correlation between traffic to the Staff Information Pack (above) and the timing of these emails.

12.10.8 Welcome Event

Three Welcome events were held for the staff transferring from ABMUHB to CTUHB on 1 April 2019. The events took place on 13 March 2019 and were held at the Princess of Wales Hospital.

Attendees were asked to register to attend the sessions. Registration numbers were:

Session one (1:30pm – 2:30pm): 100 (this was the maximum number of tickets allocated)

Session two (2:45pm – 3:45pm): 82

Session three (4pm – 5pm): 35

A summary video of the event was then produced and made available to staff who were unable to attend the event. The video received 161 views as of 9 April 2019.

The video is available here: [Allison Williams Staff Welcome Event summary video](#) (NHS Wales network access required)



### **12.10.9 Staff Magazine**

An article was included in the Cwm Taf UHB internal staff magazine which was issued in March 2019. This was targeted at existing Cwm Taf staff (as opposed to those staff who were transferring).

The magazine was published on the Cwm Taf intranet on 26 March 2019 and had received 587 hits by 9 April 2019.

### **12.10.10 Follow up event**

A follow up event for staff who transferred took place on 10 April 2019 at the Princess of Wales (POW) Hospital. This event began a conversation about the future structure of the new Cwm Taf Morgannwg UHB organisation and its values.

As before, attendees were asked to register to attend the session.

The session took place from 1pm to 2pm.

120 people registered to attend (this was the maximum number of tickets allocated).

## External Communications and Engagement Activity

### 12.10.11 Public Stakeholder events

There were a number of public / stakeholder events primarily focused at residents of the Bridgend County Borough Council area. These included:

- A public / stakeholder event was held on Tuesday November 27 2018 primarily for residents of the Bridgend County Borough area with approximately 60 attendees.
- An engagement event was hosted by the Bridgend Association of Voluntary Organisations (BAVO) for the third sector on Monday 28 January 2019 with approximately 50 attendees.
- A second public / stakeholder event took place on Wednesday 13 February 2019 primarily for residents of the Swansea and Neath Port Talbot area with approximately 40 attendees.

### 12.10.12 Partner Stakeholder Events

- On Wednesday 20 February 2019 Allison Williams CEO Cwm Taf gave presentation to the full Council at a Merthyr Tydfil County Borough Council meeting.
- On Wednesday 20 March 2019 Allison Williams CEO Cwm Taf gave presentation to the full Council at a Bridgend County Borough Council meeting.

### 12.10.13 Notices via hospital TV screens

The transition programmes key messages were available via the public facing TV screens located across various hospital sites for both ABMUHB and CTUHB.

### 12.10.14 Web pages

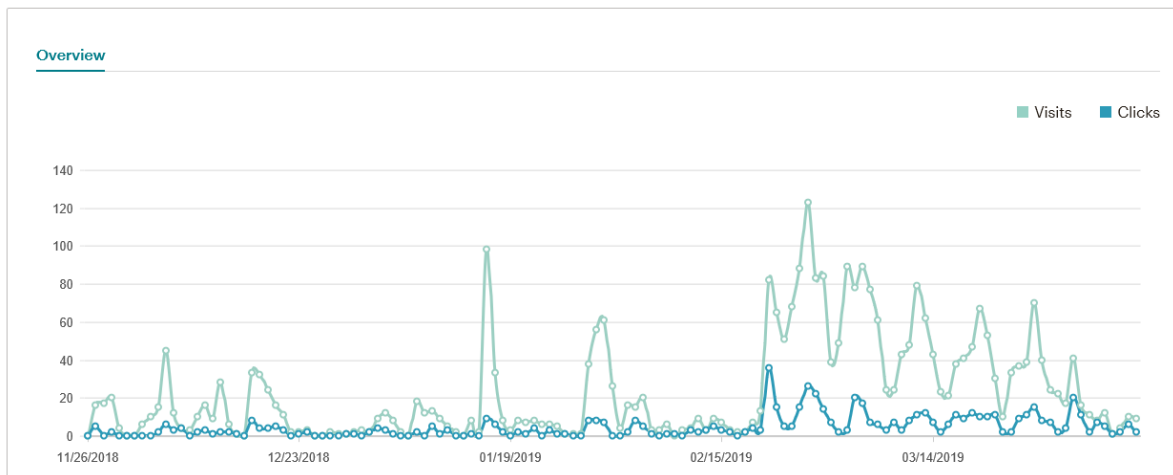
The transition programme had a number of active web pages which were available in both Welsh and English language. Total visits across the pages was 4,504 as summarised below:

English language online content		Visits	Clicks
<a href="https://info.bridgendboundary.wales/home">Boundary Boundary home</a>	<a href="https://info.bridgendboundary.wales/home">https://info.bridgendboundary.wales/home</a>	3124	619
<a href="https://info.bridgendboundary.wales/faq">Boundary Boundary FAQ Published</a>	<a href="https://info.bridgendboundary.wales/faq">https://info.bridgendboundary.wales/faq</a>	470	109
<a href="https://info.bridgendboundary.wales/blog-dec18">Boundary Boundary Blog-dec18 Published</a>	<a href="https://info.bridgendboundary.wales/blog-dec18">https://info.bridgendboundary.wales/blog-dec18</a>	789	115
		<b>4,383</b>	<b>843</b>
<b>Welsh language online content</b>			
<a href="https://gwyb.ffinpenybont.cymru/hafan">Boundary Boundary CYMRAEG Published</a>	<a href="https://gwyb.ffinpenybont.cymru/hafan">https://gwyb.ffinpenybont.cymru/hafan</a>	84	10
<a href="https://gwyb.ffinpenybont.cymru/cwestiynaucyffredin">Boundary Boundary FAQ Cymraeg Published</a>	<a href="https://gwyb.ffinpenybont.cymru/cwestiynaucyffredin">https://gwyb.ffinpenybont.cymru/cwestiynaucyffredin</a>	9	0
<a href="https://gwyb.ffinpenybont.cymru/blog-rhag18">Boundary Blog-dec18 CYMRAEG Published</a>	<a href="https://gwyb.ffinpenybont.cymru/blog-rhag18">https://gwyb.ffinpenybont.cymru/blog-rhag18</a>	28	2
		<b>121</b>	<b>12</b>
<b>Total</b>		<b>4,504</b>	<b>855</b>

\*data as of 09/04/19

Traffic to the landing page saw a consistent increase from late February 2019 as outlined in the chart below:

Figure 3 – Traffic to the Bridgend Boundary home page (as at 9 April 2019)



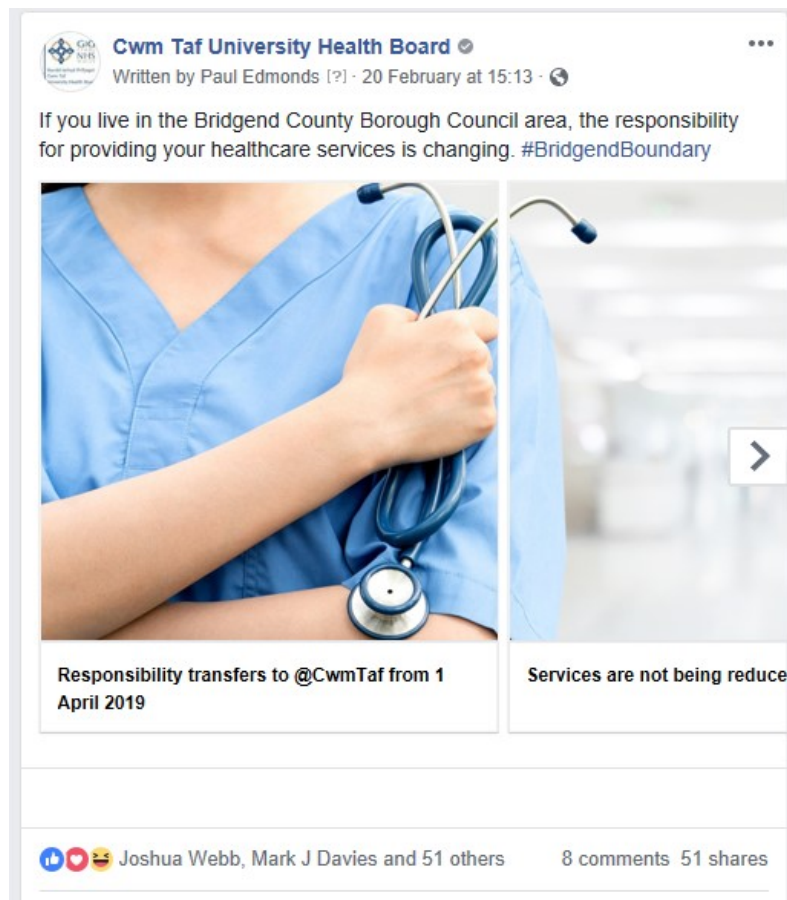
The increase in traffic was expected in line with the additional promotional activity from targeted social media and leaflets intended to drive traffic to the landing page (see below).

#### 12.10.15 Targeted social media

The Bridgend CBC area has a population of circa 140k people, 55k of which have a social media account on Facebook.

Targeted social media using BCBC postcodes commenced on 21 February 2019 and ended on 31 March 2019. The advert below was used to promote the key messages and signposted to the programme's online landing page.

Figure 4 – Facebook advert targeted at BCBC residents



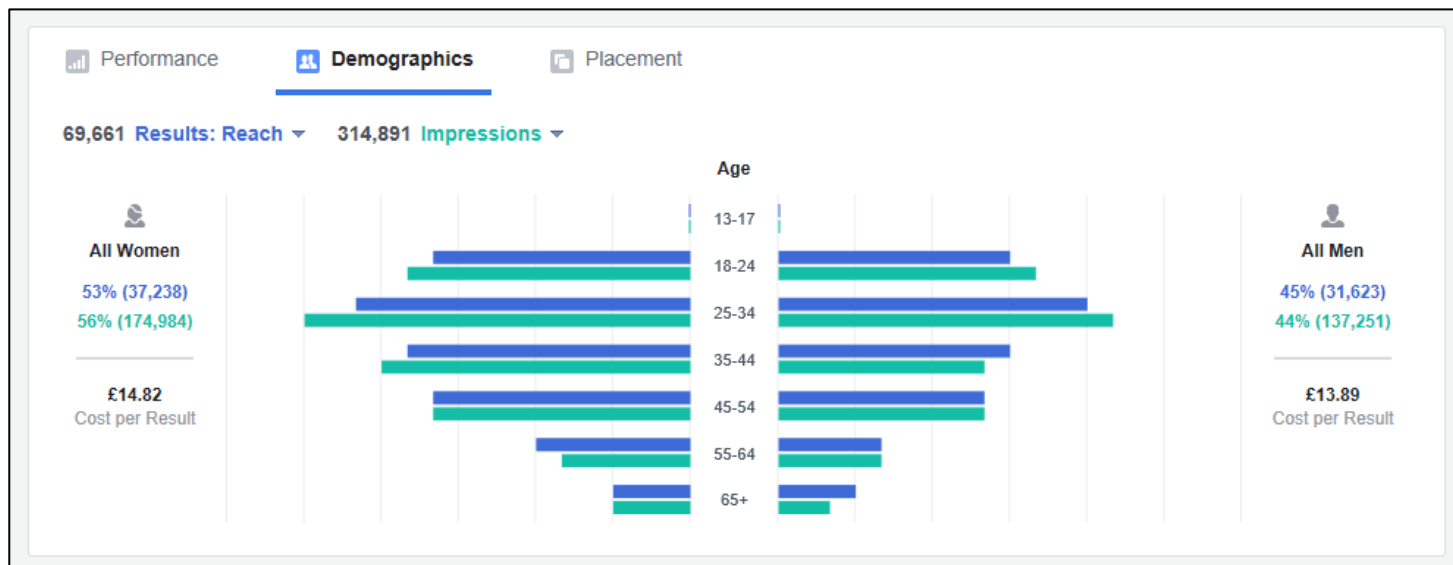
Data showed that the advert had a positive reach across both genders and all age ranges from 18 and above.

As of 9 April 2019 the advert:

- Reached 69,661 people (of a potential 55k – this accounts for organic (non-paid) shares of the advert)
- Generated 314,891 impressions
- Cost £14.36 per 1,000 people reached
- Was delivered, on average, 4.52 times to each person



Figure 5 - Summary of the reach of the advert by gender



## 12.10.16 Organic (non-paid for) Social Media

The Transition programme also used the hashtags #BridgendBoundary (for English language content) or #FfinPenyBont (for Welsh language content).

Facebook activity is outlined in the table below:

	Date	Platform	Type	Reach	Engagement
ABMU	01-Oct	Facebook	Name change	11,520	3,991
ABMU	25-Oct	Facebook	Name change	10,211	2,020
Cwm Taf	24-Oct	Facebook	Name change	13,312	3,260
ABMU	09-Nov	Facebook	Event	2,765	116
ABMU	09-Nov	Facebook	Event	5,945	586
Cwm Taf	13-Nov	Facebook	Event	4,902	525
Cwm Taf	13-Nov	Facebook	Event	4,734	461
Cwm Taf	17-Nov	Facebook	Event	6,298	747
ABMU	20-Nov	Facebook	Event	5,527	507
Cwm Taf	22-Nov	Facebook	Event	1,173	43
Cwm Taf	02-Dec	Facebook	Landing page	2,954	159
Cwm Taf	16-Jan	Facebook	Name change	14,169	2,940
Cwm Taf	31-Jan	Facebook	Event	3,566	239
ABMU	31-Jan	Facebook	Event	8,417	1,242
				<b>95,493</b>	<b>16,836</b>

\*data as of 08/02/1

Members of staff working on the Bridgend Transition Programme were also encouraged to use social media to provide brief updates on progress and share other related content although there was little uptake of this.

## 12.10.17 Leaflet

60k bilingual leaflets were produced to be distributed to patients and the wider public.

The leaflet, shown in Figure 6 below, was distributed through patient letters across Bridgend, Swansea and Neath Port Talbot from February 2019 onwards.

Copies were also distributed across primary care venues within Bridgend County Borough and made available to the public. This included:

- GP practices (16)
- Community pharmacies (33)
- Dental practices (19)
- Optometry practices (20)

Figure 6 – Information Leaflet

**Responsibility for providing your healthcare services is changing on 1 April 2019**

If you live in the Bridgend County Borough Council area, the responsibility for providing your healthcare services is changing.

From 1 April, Cwm Taf University Health Board will become responsible for your hospital and local community healthcare services.

**What this means for you?**

If you're a patient, you shouldn't notice any changes to your existing healthcare services. We want to reassure you that:

- Services are not being reduced or lost.
- How you access or receive care now, will be the same after 1 April.
- You can continue to travel to the same place as you do now for your care after 1 April.

**Will your healthcare service change in the future?**

We can't guarantee that services will never change. But we can promise that if services do need to change in the future, we will speak with our local communities first.

More information can be found at:  
**[info.bridgendboundary.wales/home](http://info.bridgendboundary.wales/home)**  
#BridgendBoundary

**Mae'r cyfrifoldeb ar gyfer darparu eich gwasanaethau gofal iechyd yn newid ar 1 Ebrill 2019**

Os ydych yn byw yn ardal Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr, mae'r cyfrifoldeb ar gyfer darparu eich gwasanaethau gofal iechyd yn newid.

O 1 Ebrill, bydd Bwrdd Iechyd Prifysgol Cwm Taf yn gyfrifol am eich ysbyty a'ch gwasanaethau gofal iechyd cymunedol lleol.

**Beth mae hyn yn golygu ar eich cyfer chi?**

Os ydych yn glaf, ni ddylech sylwi unrhyw newidiadau i'ch gwasanaethau gofal iechyd presennol. Rydym eisiau rhoi sicrwydd:

- Na fydd gwasanaethau yn cael eu colli neu eu lleihau.
- Na fydd newid mewn sut rydych yn cael mynediad i, ac yn derbyn, gofal yn awr ar ol 1 Ebrill.
- Y byddwch yn parhau i deithio i'r un lle ag yr ydych yn awr ar gyfer eich gofal ar ol 1 Ebrill.

**A fydd eich gwasanaethau gofal iechyd yn newid yn y dyfodol?**

Nid ydym yn gallu addo na fydd y gwasanaethau byth yn newid. Ond, gallwn addo os bydd rhaid i'r gwasanaethau newid yn y dyfodol, byddwn yn siarad a'r cymdeithasau lleol yn gyntaf.

Gallwch darganfod mwy o wybodaeth yma:  
**[gwyb.ffinpenybont.cymru/hafan](http://gwyb.ffinpenybont.cymru/hafan)**  
#FfinPenybont

## 12.10.18 Cost

Cost incurred as a result of the communications and engagement activity described above was:

Filming	£1,200
58,000 leaflets	£640
2 domain names (one year)	£22
Mail chimp - to host landing pages (one year subscription)	\$99
Targeted social media	£1,000

## **12.10.19 Community Health Councils (CHC's)**

The Community Health Council's (CHC's) for ABMUHB and CTUHB have worked with both Health Boards, and the relevant local authorities to ensure that patients were not disadvantaged as a result of the Bridgend Boundary change.

A series of public sessions, independently chaired by the Community Health Council (CHC), were organised so that members of the public could raise any concerns or queries in relation to the transfer of services.

## **13. ASSETS**

All staff transferred to their receiving organisations with their existing work stations. The definition of work station is what staff used on a day to day basis and makes them operational such as a desk, chair, pedestal, desktop/laptop and docking stations, VPN tokens, encryption sticks and desk phone.

A full list of assets and contracts which transferred to CTUHB on 31 March 2019 is listed in Table 1.

### **13.1 ICT and Phone Equipment – ICT WORKSTREAM**

A complete list of ICT and mobile/SMART phone equipment is available linked to the staff transferring.

This list was addressed by the Finance work stream for registration and inclusion in the organisation's Asset Registers.

Further information can be accessed in Table 1, ICT/informatics Work stream section page 40.

### **13.2 Building and Estate – FACILITIES WORKSTREAM**

No leases were due to transfer as part of the project. Occupation of the relevant buildings will continue with all pre-transfer arrangements affecting Bridgend to continue post transfer unless there was mutual agreement between ABMUHB and CTUHB to change the arrangements.

Further information can be accessed in Table 1, Facilities work stream section on page 31.

### **13.3 Internal Contracts – FINANCE WORKSTREAM**

A comprehensive list of all relevant contracts which had been entered into, by Bridgend in order to provide services for Bridgend, is available from the Finance team. It also provides a comprehensive list of suppliers which provide 'ad hoc' services connected with the services.

Further information can be accessed in Table 1, Finance work stream section on page 47.

## **14. SERVICE TRANSFER LIST – BRIDGEND FUNCTIONS**

Both UHBs worked closely together, to identify all of the clinical services that fell within the scope of the transfer, working through every identified service, applying the key principles set out in section 4 and jointly agreed in August 2018 to develop an initial proposal about the future service provider arrangements.

The Clinical Services work stream reviewed and discussed in detail with lead clinicians and service managers all service areas using a clinical pathway approach. A small number of additional services

were subsequently found to have been omitted from the original schedule and the clinical services work stream then proposed a future service provider arrangement for those areas.

The outcome of clinical service transfer as at 1 April 2019 is set out in **Appendix 37** and services fall within one of three categories of service provider arrangement as defined in the table below:

Column Number	Definition
Column 1	Service to be commissioned by Cwm Taf UHB and provided by Cwm Taf UHB for the Bridgend population.
Column 2	<p>Service to be commissioned by Cwm Taf UHB and provided by ABMUHB for the Bridgend population.</p> <p>ABM UHB will also commission this service from Cwm Taf UHB for parts of their population.</p> <p>The details of the commissioning arrangement will be specified in a SLA which will include the short, medium or long-term intention of the arrangement and the notice periods required for any changes.</p>
Column 3	<p>Service to be commissioned by Cwm Taf UHB but provided by ABMUHB for the Bridgend population.</p> <p>The details of the commissioning arrangement will be specified in a SLA which will include the short, medium or long-term intention of the arrangement and the notice periods required for any changes.</p>

## 15. ASSURANCE/ACCOUNTABILITY STATEMENT

ABMUHB will prepare the Annual Governance Statement, Accountability report and Annual Report for the period ending March 2019. These documents can be accessed on the ABMUHB website.


To recognise the change in accountability and responsibility the following actions have been taken:

- The end of year financial position 2018-2019 will be included within the ABMUHB Annual accounts
- The end of year staffing position 2018-2019 will be included within the ABMUHB accountability report under the staff and remuneration chapter
- The end of year performance position for 2018-2019 will be included within the ABMUHB accountability report under the performance chapter
- The ABMUHB Annual Plan 2019-2020 will reflect that responsibility for providing services to the population of the Bridgend County Borough Council (BCBC) area has transferred to CTUHB
- The CTUHB Integrated Medium Term Plan (IMTP) 2019-2021 will include reference to assessing the health needs; commissioning; planning and delivering of healthcare services for the population of Bridgend County Borough Council (BCBC)
- A representative from Bridgend County Borough Council (BCBC) has become an Associate member of the Board at CTUHB
- The Standing Orders for ABMUHB and CTUHB have been updated to reflect the legislative changes effecting the Boundary change
- The name change for each Health Board will become formally operational from 1 April 2019 when ABMUHB will be renamed Swansea Bay University Health Board (ABMUHB); and CTUHB will be renamed as, Cwm Taf Morgannwg University Health Board (CTMUHB). The corporate identity will change and corporate literature, website and so forth will be updated as required. A letter will be issued to stakeholders confirming the change of names.

## **16. CONCLUSION**

Both ABMUHB and CTUHB have been committed to improving the health and well-being of the communities they serve. The UHB Handover Statement forms a key hand-over document to support the Bridgend Transition Programme.

This document details the significant work that has been initiated by the UHB's and provides a strategic framework for providing access to high quality health care, and the general health and well-being of the population served by Bridgend County Borough Council (BCBC).

<p>Newid ffin Pen-y-bont ar Ogwr</p>  <p>Byrddau Iechyd Prifysgol <b>Abertawe Bro Morgannwg</b> <b>Cwm Taf</b> University Health Boards</p> <p>Bridgend boundary change</p>	<p><b>AGENDA ITEM 3.1</b></p> <p><b>23 APRIL 2019</b></p>
--	---

Joint Transition Board Report								
BRIDGEND BOUNDARY CHANGES TRANSITION DIRECTOR UPDATE								
Executive Leads: Health Board Chief Executives								
Authors: Alison Phillips, Transition Programme Director								
Contact Details for further information: <a href="mailto:Alison.Phillips7@wales.nhs.uk">Alison.Phillips7@wales.nhs.uk</a>								
Purpose of the Joint Transition Board Report								
The purpose of this report is to provide members of the Joint Transition Board with an update on progress with the Bridgend Transition Programme.								
Governance								
Supporting evidence	The <a href="#">written statement</a> made by Vaughan Gething, Cabinet Secretary for Health and Social Services on 14 June 2018.							
Engagement – Who has been involved in this work?								
<p>Cwm Taf University Health Board (CT UHB) and Abertawe Bro Morgannwg University Health Board (ABM UHB) have considered and agreed in principle the governance structure, which included the requirement for the Joint Transition Board to establish a Joint Transition Programme Group and underpinning work streams.</p> <p>From 1 April 2019 the two organisations have become known as Swansea Bay University Health Board (SB UHB) and Cwm Taf Morgannwg University Health Board (CTM UHB).</p>								
Joint Transition Board Resolution to:								
APPROVE	<table><tr><td></td><td>ENDORSE</td><td></td><td>DISCUSS</td><td></td><td>NOTE</td><td>✓</td></tr></table>		ENDORSE		DISCUSS		NOTE	✓
	ENDORSE		DISCUSS		NOTE	✓		
Recommendation	<p>The Joint Transition Board is asked to <b>NOTE</b> the report including the:</p> <ul style="list-style-type: none"><li>○ Residual work to complete;</li><li>○ Transition Budget update; and</li><li>○ Memorandum of Understanding.</li></ul>							

## **BRIDGEND BOUNDARY CHANGES TRANSITION DIRECTOR UPDATE**

### **1. SITUATION / PURPOSE OF REPORT**

The purpose of this report is to provide members of the Joint Transition Board with an update on the Transition Programme.

### **2. BACKGROUND / INTRODUCTION**

As agreed by both Health Boards, work a formal structure was established to manage how we would work together during the transition aligned with some agreed and developing over-arching working principles. This comprised a Joint Transition Board, on behalf of both health boards, to oversee the implementation of the boundary change. There was also a Joint Transition Programme Group (JTPG), which reported to the Joint Transition Board (JTB), and oversaw and received reports from established work streams.

### **3. ASSESSMENT / GOVERNANCE AND RISK ISSUES**

There are four key factors that underpin the Transition Programme governance arrangements as follows:

1. Joint actions to be taken by ABM UHB and CT UHB together,
2. Actions required to be taken by ABM UHB alone,
3. Actions required to be taken by CT UHB alone,
4. Issues for consideration jointly with Bridgend County Borough Council (BCBC) (and where appropriate Rhondda, Cynon Taf CBC and Merthyr Tydfil CBC, Swansea City Council and Neath Port Talbot CBC).

The Transition Programme structures took account of all of these requirements but at the same time ensured that the governance arrangements were appropriately aligned to the individual statutory bodies and proportionate.

From 1 April 2019 the two organisations have become known as Swansea Bay University Health Board (SB UHB) and Cwm Taf Morgannwg University Health Board (CTM UHB).

#### **3.1 Joint programme arrangements**

The Joint Transition Programme Group (JTPG) met for the final scheduled time on 11 April 2019.

A number of the work streams intend to continue to meet over the next few months to keep under review new working arrangements, and to aid with familiarisation of operating the new Bridgend sites.

The meeting worked through, by individual workstream on any outstanding work, and by exception the reporting of any emerging issues post 1 April implementation. These are summarised below:

#### **a) Capital and Estates**

- SLAs have all been completed and agreed and can now be signed off.
- A joint meeting with the South Wales Fire and Rescue Service has taken place. This was to discuss the outstanding works to be completed on the Princess of Wales (PoW) site. The Fire Safety notice has been reissued in the name of Cwm Taf Morgannwg Health Board.
- There is one outstanding asbestos survey to be shared with CTM UHB; not yet finalised by the third party supplier.

#### **b) Clinical services**

- All patient pathway documentation has been completed, signed off by service managers and is filed on the Sharepoint site.
- An outline of those services requiring further disaggregation and decision making has been drafted and is included as part of Agenda item 3.2.
- Post 1 April 2019 clinical service review has highlighted two main areas where additional work has been required:
  - Radiology out of hours on call arrangements for the Neath Port Talbot Hospital site; now resolved.
  - Pharmacy stock issuing process; partially resolved. There are some licensing issues that need to be resolved for the issuing of pharmacy stock where SB UHB is providing services on CTM UHB sites. Interim solutions have been put in place, and both Chief Pharmacists are considering options for longer term resolution.

#### **c) Commissioning and contracting**

- There are three remaining SLAs to be costed by colleagues in finance and these can then be finalised but no issues anticipated.
- A small number of additional SLA requirements have been identified as service managers have been signing off the clinical service documentation noted in point b) above.
- The workstream intends to meet fortnightly for the next six months to monitor the new SLA and LTA arrangements.

#### **d) Facilities**

- SLAs have all been completed and agreed and can now be signed off.
- Post 1 April 2019 review has highlighted the need for all staff who have moved base/location to update their contact details on the staff directory to aid the switchboard in their role. Informatics are



setting up an automated 'pop up' message that will promote staff to do this when they log onto their computers.

#### **e) Finance**

- The substantive matter is resolution of the financial impact assessment and an update is to be provided to JTB and Health Boards this week.
- Both organisations intend to issue 2019-20 budgets to budget holder before end of April.
- The Charities Commission has received all the necessary paperwork from the Health Boards, but has not yet confirmed approval of the new arrangements; but no issues are anticipated.
- All contracts have been novated where required, with novation letters and agreements issued; no issues to report.
- Completed contracts register is available on the Sharepoint site.
- Counter fraud and Glanrhyd cash office SLAs are complete, awaiting signoff.
- A repository for all the signed SLAs to be created by finance.
- Further work is required to agree any adjustments to the funding of services delivered by the NHS Wales Shared Services Partnership (NWSSP) i.e. procurement and internal audit.

#### **f) Governance**

- The final Handover statement is included as part of Agenda item 2.2.
- The Transition Programme Director has met with both Board Secretaries to update both Health Board corporate risk register, with any residual issues from the Transition Programme.
- CTM UHB is now responsible for the operation of Bridgend Private Clinic, and the governance arrangements are set out in the 'Private Patients Governance Framework'.

Consultants are directly responsible for their private patients and must ensure that they maintain their own indemnity cover to practice within Bridgend Clinic. A copy of the indemnity arrangements must be lodged annually with the Hospital Medical Director.

CTM UHB will need to undertake a compliance check to ensure that copies of current indemnity arrangements are in place.

The framework further provides that CTM UHB will continue to indemnify other medical staff and allied professionals for negligence in regard to private activity conducted on site, to the same extent as the indemnity for NHS activity.

- Post 1 April 2019 Datix implementation review has highlighted the following:
  - There were some technical issues which the Datix provider was not able to fully resolve by 1 April; these were all resolved by 6 April and local teams provided additional support to get the system running as needed.
  - Further system changes are planned to the CTM UHB Datix system to implement direct feeds from ESR and Myrddin systems (this was already available within the former ABM UHB Datix system).
  - Staff awareness and training sessions are ongoing to support familiarisation with the new system and some changes to reporting structures within CTM UHB.
  - Active tracking of incident reporting is taking place to ensure there is no drop off in reporting rates during this familiarisation phase.

#### **g) Informatics**

- SLAs have all been completed and agreed and can now be signed off.
- SLA monitoring arrangements and meetings set up for the year ahead.
- The volume of calls has increased to both ICT helpdesks; all calls are logged and allocated a ticket reference and are being worked through using standard system of prioritisation. No significant issues to report.
- Workstream has met to discuss and construct a paper setting out a proposed way forward on future work required to sustain the Bridgend boundary change; this includes the alignment with work on the further disaggregation of clinical services and impact on clinical systems. Indicative costings have been included in this paper; but it has not yet been approved by either Health Board.
- Post 1 April 2019 review has identified the following issues:
  - Dashboard on CTM UHB intranet does not yet include the Bridgend sites; this is to be actioned with NWIS.

- A few firewall issues have been identified where staff have needed to access information on another site; these have been resolved as and when identified.
- The Emergency Department system change implemented on 25 March, did result in some queries being raised on information reported through to GP practices relating to their patients who had attended A&E. Once the issue was identified, it was promptly investigated and some changes were made to the system to improve functionality and assist staff in becoming more familiar with the use of the upgraded system. No further issues were reported after 2 April.
- The new JAC system implementation was completed; there was the need to manually input some stock data that had not been planned for which incurred additional staff time, but no system issues to report.

#### **h) Partnerships**

- New Regional Partnership Board arrangements have been put in place and updates were provided on the disaggregation arrangements at meetings in March.
- SLAs have all been completed and issued to third sector partners.
- The three s33 arrangements (Community Equipment, ARC Mental Health services and Community Resource team) have been revised and are awaiting final approvals and signatures but no issues anticipated.

#### **i) People**

- SLAs for Kronos, libraries and resus training have all been completed and agreed and can now be signed off.
- The content for the occupational health SLA is substantially complete and final costings just need to be agreed.
- No concerns raised by Trades Unions colleagues over the final stages of the workforce process; although they are waiting on confirmation of the DOCAS list. Subscriptions are generally paid by what is commonly known as "check-off" or DOCAS (Deduction of Contributions at Source). This is where the employer deducts the contribution from the employee's salary on behalf of the union.
- Post 1 April 2019 there are two issues to highlight:
  - i. The Mass Organisational Change Process (MOCP) involves the transfer of agreed employee data from SB UHB to CTM UHB. This is managed through the NWSSP employment service team and delivered by IBM, as the national Electronic Staff Record (ESR) provider.

There was a system failure in the planned process over the weekend of 6 April; once identified CTM UHB worked with NWSSP and IBM to resolve. The exercise was rerun overnight on 8 April. This resulted in the need for only a very small number of manual adjustments to be made. The payroll is scheduled to be paid on 18 April (earlier than the usual 21 of the month due to the Bank Holiday weekend).

On the two occasions that the change process was run an automated message was sent to staff informing them of a change being made to their bank details. IBM was unable to prevent the message being run the second time. All affected staff have been contacted to reassure them that they do not need to take any action, and that their details are secure.

- ii. Late on 31 March, the Executive Medical Director at SB UHB became aware that surgical and anaesthetic consultants from PoW who were scheduled to work in NPTH the following day, were expressing concern about the Honorary Contract that had been issued.

Honorary contracts were issued to medical staff who will be providing services into the organisation they are not employed by through a service level agreement. Honorary contracts were issued by CT UHB on behalf of ABM UHB in the week and weekend before transfer of services. ABM UHB issued honorary contracts on behalf of CT UHB in the week before transfer of services.

It emerged that the issue was not with the detail of the contract per se, but rather that they had not had sufficient time to scrutinise the detail of the contract and to review it with the British Medical Association. They requested confirmation that they were indemnified by the organisation for undertaking work in NPTH. Clarification was provided by the NWSSP Legal & Risk Employment law team, and was immediately distributed to all PoW staff by email:

"I am writing to confirm that you are indemnified for all services that you provide to Swansea Bay University Health Board, in relation to any claim that may arise out of these services. Therefore, you do not need to seek separate indemnity from a separate medical defence organisation."

Following this confirmation the consultant staff undertook the planned surgery. Unfortunately, the delay to starting the morning theatre list resulted in two elective cases being cancelled.

## **j) Performance**

- Arrangements are in place to report Quarter 1 activity where the information is held locally.
- Where the two Health Boards are reliant on organisations e.g. the Welsh Ambulance Service Trust and Public Health Wales, to provide information then agreed plans are in place.
- Arrangements are in place for reporting the cancer pathway.
- The workstream highlights that Quarter 1 may possibly throw out unforeseen performance reporting issues, but this can only be confirmed once the data is available in June and July.
- The Office of National Statistics will update the UK postcode look up table in mid-May, as part of a scheduled content update. So there should only be two months of work around required to manually reallocate information relating to Bridgend postcodes; provided English Trusts update their own local systems promptly to take account of the content change, but we understand they do usually do so. Until that change takes place then a Bridgend post code will continue to appear under SB UHB.
- There is also a residual issue with NWIS to be resolved and that is the need to also change the postcode look up tables for NHS Wales bodies. At the time of writing discussions are ongoing and a verbal update will be provided at the meeting.

## **k) Quality and Patient Safety**

- The final Legacy statement is included as part of Agenda item 2.1.
- SB UHB will need to provide CTM UHB with continued support in the completion of the outstanding clinical audits relating to Bridgend; the detail is reflected in the Legacy statement document.

## **l) Joint Transition Programme Team**

- The Joint Transition Team will complete the writing up of a lessons learnt report for both Chief Executives and all work streams have been asked to complete a synopsis of:
  - What worked well?
  - What didn't work well?
  - What would you do differently?
  - General comments
- The team will also archive the Joint Transition Programme documentation.

A summary of all residual tasks and issues is set out in **Appendix 3.1.1.**

### 3.2 Legislative process

The two Health Boards have written to a long list of UK national bodies to inform them of the legislative changes e.g. Ministry of Justice, Nursing and Midwifery Council, Human Tissue Authority and General Medical Council.

### 3.3 Financial Implications

An update on forecast spend against the indicative allocation of £2.9M Transition Budget is included within **Appendix 3.1.2**. Subject to annual accounts completion and audit, the expenditure during 2018-19 is expected to be £2.069M.

As reported to the March meeting the NHS Finance Delivery Unit completed its review of expenditure and applied two explicit conditions to the use of the allocation:

- Name change costs cannot be applied and these costs must be borne by both Health Boards.
- Only 'additional' staffing costs can be allocated e.g. backfill costs e.g. agency staff and external secondments.

The anticipated adjustment will therefore be an allocation of £1.486M; and a short fall of £0.583M to be met by both Health Boards.

### 3.4 Memorandum of Understanding

A Memorandum of understanding (MoU) has been completed, incorporating the principles that the JTB has used to work together to manage the transition and boundary change thus far. The aim of the MoU is to set out the agreement reached by the two organisations in relation to the future co-operation, sharing of sites, staff and other resources and the exchange of information.

It is intended to complement and not override any long-term agreements and service level agreements entered into by the two organisations. It is not intended that this MoU should be legally binding. However, it reflects that both organisations agree to adhere to its principles and to show proper regard for each other's activities and responsibilities. We have sought legal advice on the aims and content. The MoU is included as **Appendix 3.1.3**.

### 3.5 Future arrangements

A decision is needed on the future joint working arrangements post 1 April 2019. A DRAFT proposal is included as Agenda Item 3.2; this makes reference to the future work on disaggregating of ICT systems and infrastructure as well as clinical systems.

## 4. **RECOMMENDATION**

The Joint Transition Board is asked to **NOTE** the report including the:

- Residual work to complete;
- Transition Budget update; and
- Memorandum of Understanding.

<b>Freedom of information status</b>	Open
--------------------------------------	------

<b>Governance and Assurance</b>							
<b>Link to corporate objectives (please ✓)</b>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Embedding effective governance and partnerships
							✓
<b>Link to Health and Care Standards (please ✓)</b>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
	✓				✓		✓
<b>Quality, Safety and Patient Experience</b>							
There are no direct implications of this report. However, ensuring that the Board make fully informed decisions is dependent on the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.							
<b>Financial Implications</b>							
Resourcing implications of the Bridgend Transition programme have been considered and submitted to Welsh Government. Clearly there will be a significant amount of work via the Transformation Programme Group and related work streams that will require further consideration as part of the transition arrangements.							
<b>Legal Implications (including equality and diversity assessment)</b>							
Ensuring the Joint Transition Board (and respective Health Boards) are fully sighted on key areas of its business is essential to positive assurance processes and related risk management. There are, and will be risks associated with this Programme and there will be a requirement of the Programme for these to be logged, assessed and where appropriate escalated and reported into the Transition Board.							
In order to enact the decision by Welsh Government to proceed on the changes consulted on, there will be a legal requirement on the part of Welsh Government to lay the relevant Regulations / Establishment Orders and for the Health Boards affected by the decision to develop appropriate governance arrangements in enacting the decision made.							
<b>Staffing Implications</b>							
There are no direct implications on workforce in this report. However, specific impact, where relevant, will have been considered within individual reports referenced within this update.							
<b>Long Term Implications (including the impact of the <u>Well-being of Future Generations (Wales) Act 2015</u>)</b>							
Should the proposals be accepted, this will have a long-term impact as to how health services will be provided across the Bridgend region.							
<b>Report History</b>	Joint Transition Board						
<b>Appendices</b>	3.1.1 Residual tasks and issues 3.1.2 Transition Budget update 3.1.3 Memorandum of Understanding						
<b>Related agenda items</b>	2.1 Legacy Statement 2.2 Handover Statement 3.2 Proposed arrangements post 1 April 2019						



### 3.1.1 Residual tasks and issues

#### RESIDUAL TASKS AND ISSUES

	<b>Residual task/issue</b>	<b>Lead</b>
1.	SLAs to be signed off	Both Directors of Finance to confirm completion of sign off arrangements
2.	SLA repository to be created	Finance workstream
3.	Memorandum of Understanding to be signed off	Transition Director and CEOs
4.	Outstanding asbestos survey to be shared by SB UHB with CTM UHB	SB UHB estates lead
5.	Pharmacy stock issue solution to be agreed	Both Chief Pharmacists
6.	Staff to update contact details on the staff directory	Facilities leads for both UHBs to keep under review
7.	Further updates to be made to CTM UHB Datix system	CTM UHB Datix lead
8.	CTM UHB dashboards to be updated	CTM Informatics lead with NWIS
9.	S33 agreements to be signed off	CTM UHB Director of Primary, Community and Mental Health
10.	All clinical service SLAs to be completed	Both Commissioning leads
11.	Post implementation review of MOCP to be completed	Both Directors of Workforce and Organisational Development with NWSSP
12.	Occupational Health SLA to be completed	Both Directors of Workforce and Organisational Development with NWSSP
13.	Post implementation review of Qtr 1 reporting to be completed	Both performance reporting leads
14.	2019-20 budgets to be allocated to budget holders	Both Directors of Finance
15.	Post implementation of postcode look up content	Both performance reporting leads with NWIS and

### 3.1.1 Residual tasks and issues

	<b>Residual task/issue</b>	<b>Lead</b>
	change to be completed	ONS
16.	Clinical audit back log work to be completed	CTM UHB Clinical Audit lead
17.	Lessons learnt report to be completed	Transition Team
18.	Transition Programme documentation to be archived	Transition Team

#### TRANSITION BUDGET SUMMARY

	<b>CT UHB</b>	<b>ABM UHB</b>	<b>Joint</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Total expenditure	321	603	1,145	2,069
Finance Delivery Unit approved expenditure	304	449	733	1,486
Subtotal allocation shortfall	<b>17</b>	<b>154</b>	<b>412</b>	<b>583</b>
Joint shortfall split 50:50	206	206	-412	0
<b>Total allocation shortfall</b>	<b>223</b>	<b>360</b>	<b>0</b>	<b>583</b>

# MEMORANDUM OF UNDERSTANDING

SWANSEA BAY UNIVERSITY HEALTH BOARD AND  
CWM TAF MORGANNWG UNIVERSITY HEALTH  
BOARD

## **1. Preamble**

The Minister for Health and Social Services announced on 14 June 2018 that from 1 April 2019, the responsibility for providing healthcare services for the people in the Bridgend County Borough Council (BCBC) area will move from the then Abertawe Bro Morgannwg UHB (now called Swansea Bay University Health Board) to Cwm Taf UHB (now called Cwm Taf Morgannwg University Health Board). An Area Change Order brought this into effect from 1 April 2019.

The aim of this Memorandum of Understanding (MoU) is to set out the agreement reached by the Swansea Bay University Health Board (SB UHB) and the Cwm Taf Morgannwg University Health Board (CTM UHB) in relation to co-operation, sharing of sites, staff and other resources and the exchange of information.

This MoU does not affect the statutory functions of the respective organisations or the exercise of those functions; neither does it amend any other policies or agreements relating to their activities. It does not imply any transfer of responsibility from one to the other, nor does it imply any sharing of statutory responsibilities except where this is permitted under existing legislation.

It is not intended that this MoU should be legally binding. However, SB UHB and CTM UHB agree to adhere to its principles and to show proper regard for each other's activities and responsibilities.

This MoU is intended to complement and not override any long-term agreements (LTAs) and service level agreements (SLAs) entered into by the two organisations. This includes those agreements ratified by the Transition Board for short to medium term SLAs to assist with the transition (e.g. Pathology and IT). It is also not intended to supersede the normal arrangements between Health Boards for changing SLAs in response to changing service need.

## **2. Principles**

During 2018-19, both organisations established a Transition Programme and a Joint Transition Board (JTB) as a sub-committee of each health board to oversee the implementation of the boundary change.

A set of key principles were agreed to underpin the work of the Transition Programme and these formed the basis by which both organisations held

Joint Transition Board 23 April 2019

themselves to account for the delivery of the required changes. These principles are set out in Annex A.

Both organisations remain committed to these principles, and they underpin the purpose behind this MoU namely:

- that the quality and delivery of patient care will be central to all actions and decision-making; and
- that there is an ongoing commitment to maximise the opportunity to improve the health and wellbeing of the population served by both organisations.

### **3. Duration**

This MOU will run from the 1 April 2019 until notice is given by either organisation that they wish to amend or terminate this MoU. Either organisation must give the other party 6 months' notice in writing of their intention to amend or terminate this MoU. This MoU may only be varied in writing signed by the authorised officers as specified in this MoU.

### **4. The relationship in practice**

Both organisations commit themselves to a principled manner of working as set out below.

The working relationship between SB UHB and CTM UHB will be characterised by being patient and population focused, regular, ongoing contact, mutual respect and open exchange of information between the organisations and their staff.

Formal meetings will be held between the respective Chief Executives as required, but no less frequently than every six months. The Chief Executives may delegate this to their Deputy or Chief Operating Officer. These meetings will consider, amongst other things, current operational performance from shared sites and future service developments and planned changes to current service delivery arrangements.

The primary aim of these meetings is to ensure that the actions of one organisation do not destabilise services for the other organisation or the performance of the other organisation.

A secondary aim is to ensure that any future service change is planned with sufficient notice to enable the organisations to consult with community health councils and their local populations, to engage and where applicable consult with staff and to carry out a robust quality impact assessment of the proposed change including consideration of

Joint Transition Board 23 April 2019

evidence of value for money. Other statutory requirements e.g. Equality Impact Assessment and best practice will also be facilitated.

Where an urgent service change is required, then the interests of quality and patient safety will always take precedence and the respective Health Board local agreements with Community Health Councils (CHCs) about urgent change will apply.

Other staff will meet, as matters of common interest, requiring co-operation and shared resources arise. Such matters might include, but are not restricted to:

- Sharing of information about trends, data, policy and initiatives which relate to improving the health and wellbeing of local communities and ensures quality and delivery of patient care is central to all actions and decision-making.
- The investigation of incidents and complaints where staff from both organisations have been involved in the care of the affected patient.
- The pro-active sharing of electronic copies of reports following reviews and investigations that may be of relevance to the services provided and commissioned by both organisations.
- The sharing of concerns raised by patients which may be of relevance to the services provided and commissioned by either organisation.
- Co-operation in disseminating information about good practice where it relates to improving the health and wellbeing of local communities and ensures quality and delivery of patient care is central to all actions and decision-making.
- Joint training in order to make optimum use of training sessions and the development of communities of practice.

Each organisation will pro-actively share details of their internal policies and procedures.

Each organisation will pro-actively share with the other any staff briefings or bulletins which relate to a matter of mutual concern.

Each organisation will pro-actively distribute to the other (under embargo) press releases and/or media statements in order to determine how any media interest which relates to a matter of mutual concern might be handled.

Each organisation will use reasonable endeavours to assist the other with any request to the extent that it is practicable to do so and in so far as it relates to their functions. Wherever possible these requests will be made

Joint Transition Board 23 April 2019

and agreed at a local level. Where this is not possible, for whatever reason, then agreement will be sought from the relevant Director, mirroring the arrangements set out in Section 10 of this MoU.

Each organisation will ensure that members of staff are aware of the content of this MoU and the key principles.

## 5. Protocols

Both organisations have worked in partnership, to identify all clinical services that fall within the scope of the Area Change Order, applying the key principles. Services fall within one of three categories of service provider arrangement as defined in the table below:

Column Number	Definition
Column 1	Service to be commissioned by CTM UHB and provided by CTM UHB for the Bridgend population.
Column 2	Service to be commissioned by CTM UHB and provided by CTM UHB for the Bridgend population.  SB UHB will also commission this service from CTM UHB for parts of their population.
Column 3	Service to be commissioned by CTM UHB but provided by SB UHB for the Bridgend population.

As part of the Transition Programme a number of decisions were agreed by both Health Boards concerning the future provision of services<sup>1</sup>. It was agreed for some services an SLA was required to enable more work to be completed beyond April 2019 before confirming when the service could be disaggregated or conclude that the SLA would be a suitable long term arrangement. These decisions have resulted in changes being made to existing long term agreements (LTAs) and also the need for a number of new service level agreements (SLAs) between the two organisations detailing the provision of service. The residual outcome of these decisions is that there will be two providers operating from the Princess of Wales Hospital, Maesteg Hospital and the Neath Port Talbot Hospital; a summary is set out in Annex B.

The SLAs will set out the theatre sessions, staff and other resources required of the two organisations. This activity will be monitored regularly

<sup>1</sup> The final clinical service transfer listing was approved by both Health Boards on 28 March 2019.



by both organisations through existing SB UHB unit and CTM UHB service group meetings. Concerns around the performance of any SLA arrangement will be escalated, as set out in the relevant SLA arrangement. Any significant changes to existing clinical and theatre procedures and/or equipment will be handled in a planned way, initially through discussion between the relevant service managers. Further requirements for the reconciliation of any disagreements are set out in Section 10 of this agreement.

Both organisations agree it is not in their best interests for the successful operation of this MoU for SLAs to be terminated at short notice or for a number of SLAs to be simultaneously varied. The organisations agree that normal arrangements apply and there shall be an appropriate period of discussion prior to an SLA being terminated and prior to an SLA being varied. Information relevant to patient activity will be reported to both organisations and to the Welsh Government on a timely basis and in a format agreed between the Assistant Director of Performance and Information for CTM UHB and the Associate Director of Performance for SB UHB. This applies also to information required to support the delivery of SLAs and LTAs.

Both SB UHB and CTM UHB will have policies, procedures and systems as appropriate to assure the standards of clinical, technical and professional competence of staff they employ. This will include:

- employment of appropriately qualified staff;
- completion of appropriate pre-employment checks;
- adequate levels of staffing and skill mix;
- compliance with statutory and other national requirements; and
- compliance with professional standards.

As a general rule the provider organisation set out in the SLA will be responsible for the management of sickness absence, maternity leave, annual leave and re-validation for those staff providing the service. The provider organisation is responsible for the management of the associated risks and issues in line with standard SLA arrangements.

An honorary contract will be issued to consultants working on sites different to that of their employer e.g. SB UHB consultant working on a CTM UHB hospital or community site and delivering a service hosted by CTM UHB and/ or a CTM UHB consultant working on a SB UHB hospital or community site and delivering a service hosted by SB UHB.

Joint Transition Board 23 April 2019

## **6. Quality and patient safety**

If there are any concerns identified that affect the quality of care of an individual or group of patients then both organisations will work together to achieve an improvement. In the event of any matters requiring escalation this will be between the Executive Directors of Nursing and Executive Medical Directors.

## **7. Governance**

Incidents involving staff and patients will be reported through the agreed policies and procedures in operation for that hospital site where the incident occurred. Both organisations use Datix to record incidents.

The investigation of the incident will be initiated by the organisation on whose site it occurred e.g. if an incident occurs on the Neath Port Talbot Hospital site and a combination of CTM UHB and SB UHB staff are involved in the care of the patient, then the incident would be reported using the SB UHB Datix system. Equally if an incident occurs on the Princess of Wales Hospital site and a combination of CTM UHB and SB UHB staff are involved in the care of the patient, then the incident would be reported using the CTM UHB Datix system; this is summarised in Annex C.

Governance arrangements for mortuary services are set out in Annex D.

Complaints and concerns will be investigated in accordance with the All Wales policy and procedure Putting things Right, which provide for concerns which involve more than one 'responsible body' e.g. Health Board. SB UHB will continue to manage all cases relating to Bridgend residents that were recorded before 1 April 2019.

In line with the Welsh Risk Pool and All Wales policy, the employing Health Board provides indemnity for their clinicians regardless of the Health Board site on which they are delivering patient services as part of their agreed job plan. This indemnity principle shall operate in relation to the various SLAs to be entered into by both organisations, except where both organisations expressly agree and state any alternative indemnity principle applies in respect of an individual SLA entered into.

Where there is any uncertainty or the issue is novel or potentially sensitive then further clarification and guidance may be sought from the Welsh Risk Pool Service.

## **8. Data protection and freedom of information**

Under the General Data Protection Regulation (GDPR), from 1 April 2019 both CTM UHB and SB UHB will be considered as data controllers in their

Joint Transition Board 23 April 2019

own right for information within the shared environment. There are occasions when both Health Boards may act as a data processor and the detail of this is incorporated into the separate Information Sharing Protocol which has been prepared to support the regular sharing of personal information between the two organisations. Personal information is shared for the purpose of the transition of boundaries for both organisations to enable patient care, staff management, service planning and provision.

Both organisations shall ensure that all material of a confidential nature that they exchange shall not be divulged to any unauthorised person or persons.

Both organisations will in their co-operation with each other ensure compliance with Data Protection Act (2018) and the General Data Protection Regulation (GDPR) and ensure compliance with the Freedom of Information Act (2000). Any breach or potential breach of data protection legislation affecting the other organisation needs to be reported to that organisation within 24 hours wherever possible.

If an organisation receives any formal inquiry, complaint, claim or threat of action from a third party (including, but not limited to, claims made by a supplier or requests for information made under the Freedom of Information Act 2000) in relation to the MoU, the matter shall be promptly referred to the other organisation. No action shall be taken in response to any such inquiry, complaint, claim or action, to the extent that such response would adversely affect the MoU, without the approval of both organisations.

### **9. Equality Duties**

Both organisations shall not unlawfully discriminate within the meaning and scope of any law, enactment, order, or regulation relating to discrimination whether in race, gender, religion, disability, sexual orientation or otherwise. Both organisations shall take all reasonable steps to secure the observance of this clause by all employees, agents and all suppliers and sub-contractors employed in the execution of this MoU.

### **10. Reconciliation of disagreement**

Individual SLAs and LTAs between the two organisations provide for the monitoring of the performance of such agreements. These documents set out the arrangements for resolution of disputes and recourse through escalation processes.

Joint Transition Board 23 April 2019

In principle, both organisations will seek to resolve any disagreements amicably at an operational level and to the shared beneficial interest of patients. If a disagreement cannot be resolved then the escalation process is:

- Step 1: Service Manager to Service Manager
- Step 2: Unit Director (SB UHB) to Assistant Director (CTM UHB)
- Step 3: SB UHB Executive Director(s) to CTM UHB Executive Director(s)

By exception, the final route for recourse will be through the All Wales Dispute Arbitration Process<sup>2</sup>.

## **11. Partnership Or Agency**

Nothing in this MoU shall be construed as creating a partnership. No organisation shall be deemed to be an agent of any other organisation, and no organisation shall hold itself out as having authority or power to bind any other party in any way. Neither organisation shall have any liability to the other organisation for any redundancy costs arising either from delivery of the services, or by the termination of this MoU, whether by the passage of time or any earlier termination.

## **12. Review**

This MoU will be reviewed quarterly during Year 1. Thereafter, it will be reviewed and updated, as necessary, but at least annually.

<b>Signed</b>	<b>Chief Executive On behalf of Swansea Bay University Health Board</b>
<b>Signed</b>	<b>Chief Executive On behalf of Cwm Taf Morgannwg University Health Board</b>

<sup>2</sup> <https://gov.wales/docs/dhss/publications/170323whc013en.pdf>

## **Annex A - Key principles**

1. Continuity of the quality and delivery of patient care will be central to all actions and decision-making.
2. There will be a continuous process of engagement and communication with staff and key stakeholders throughout the change programme.
3. At all times there will be an 'open-book' approach to the sharing of information.
4. Throughout the transition programme, opportunities will be actively explored for shared service arrangements that could improve quality and efficiency.
5. Both Health Boards will work together and with Welsh Government to ensure that neither population nor organisation is disadvantaged by the operational or financial consequences of the changes.
6. The principles of Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) and the all Wales Organisational Change Policy will be applied to the transfer of staff associated with the changes.
7. The **commissioning** responsibility for Health services for the Neath Port-Talbot and Swansea populations will be retained, in full, by SB UHB. The continuity of any services into Neath Port Talbot Hospital from Bridgend is confirmed with service level agreements being put in place as appropriate.
8. The **commissioning** responsibility for Health services for the Bridgend population<sup>3</sup> will transfer in its entirety to CTM UHB from 1<sup>st</sup> April 2019.
9. The **Provider** responsibility for all<sup>4</sup> NHS services to the Bridgend population will transfer to CTM UHB from 1<sup>st</sup> April 2019 unless there is a jointly agreed legitimate reason that the provision of a

---

<sup>3</sup> Bridgend population is determined by the Local Authority boundary. It is not the registered patient population.

<sup>4</sup> 'All' is defined here, as all those services currently provided by ABM UHB. Those services currently provided by other organisations will remain provided in that way and will not change as a consequence of this transition programme. The commissioning responsibility for all services will change to Cwm Taf for the population of Bridgend.

particular service should remain with SB UHB either in the short-term (to mitigate de-stabilisation during the transition period) or on a more substantive basis where, for example:

- A given service is part of a specialist service that ABM UHB already provides to the wider population.
- A single low volume or highly specialised service is currently provided to the Bridgend population from Swansea or Neath Port Talbot (or vice versa) and the critical mass is so small that legitimate concerns are raised about sustainability if disaggregated.

In all such instances, the commissioning responsibilities of CT UHB for the population would need to be discharged through an appropriate Service Level Agreement (SLA).

10. The schedule of Provider functions to transfer will be agreed through the Transition Board. In the unlikely event of any dispute between the respective Health Boards, the matter will be referred to the Chief Executive – NHS Wales for advice / decision in the context of (5) above.<sup>5</sup>
11. The Welsh Health Specialised Services Committee (WHSSC) commissioned services for the Bridgend population are out-of-scope for consideration of any changes to Provider arrangements as part of this Programme.

---

<sup>5</sup> These key principles were agreed to operate during 2018-19 only. There were no areas of dispute which required resolution through referral to the Chief Executive of NHS Wales.

## **Annex B – Provider status as at 1 April 2019**

This summary sets out the provider status as at 1 April 2019 at:

- Princess of Wales (POW) and Neath Port Talbot (NPT) by either Cwm Taf Morgannwg University Health Board (CTM UHB) as provider and Swansea Bay University Health Board (SB UHB) as commissioner;
- SB UHB as provider and CTM UHB as commissioner.

This covers the following services where CTM UHB is the provider into NPT hospital:

- Breast Services
- Cardiology
- General Surgery
- Gynaecology
- Ophthalmology
- Trauma and Orthopaedics
- Urology
- Anaesthetics

With the exception of cardiology services, all the above services will have a dual provider on the NPT site and CTM UHB provider activity for these services will be recognised by named consultant. This means that in particular, the management of referral to treatment pathways for all specialties bar Cardiology will be based on the named consultant. The Cardiology referral to treatment times will be the sole responsibility of CTM UHB.

SB UHB is the single provider into POW for the following services:

- Haematology
- Nephrology
- Neurology
- Oral Max Fax
- Rheumatology
- Restorative Dentistry
- Vascular Surgery
- Pathology
- Mortuary

SB UHB is also the single provider into Maesteg Hospital for the following services:

- Musculoskeletal Clinical Assessment Service (MCAS)
- Rheumatology

Joint Transition Board 23 April 2019

The management of referral to treatment pathways for these services will remain with SB UHB.

The following services will result in a dual provider on the POW site for these services:

- Ophthalmology
- Cardiology
- T&O

These are single consultants attending POW and so SB UHB provider activity will be identified via a named consultant. The management of referral treatment pathways for these named consultants will be the responsibility of SB UHB.

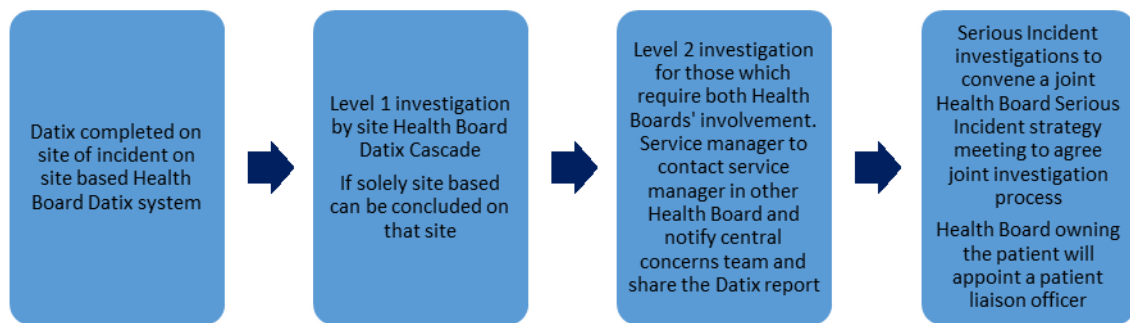
These service lists have been derived from the agreement of the two Health Boards that where services are provided and managed across the boundary as a single service, the defining factor is where the service is booked and managed that determines the provider for that service.

This defining factor has been applied to the managerial responsibility of referral to treatment pathways as described. Extending this to waiting time targets for NPT diagnostic services results in the following:

- CTM UHB is the sole provider of cardiology services in NPT and as such, is responsible for the waiting times for all cardiology diagnostics undertaken with the exception of cardiac MRI and cardiac CT.
- Radiologists who are transferring to CTM UHB from 1<sup>st</sup> April 2019 will continue to deliver sessions in NPT through a Service Level Agreement. All other radiology staff based in NPT will remain with SB UHB, as will the responsibility for the waiting times for all radiology diagnostic tests, including cardiac MRI and cardiac CT. For both cardiac MRI and cardiac CT, existing arrangements with cardiologists who are transferring to CTM UHB will continue in order to provide the clinic input for the SB UHB managed service.



## Annex C - Datix reporting arrangements

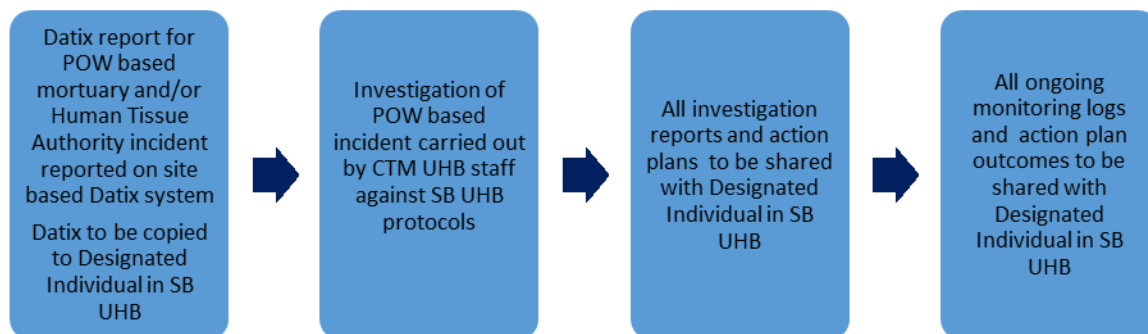


## **Annex D – Governance arrangements for mortuary services**


The pathology and mortuary SLA will contain details of the governance but the principles are:

1. The Designated Individual (DI) for the POW mortuary is an SB UHB Consultant.
2. SB UHB will ensure that the pathology and mortuary services will be delivered to CTM UHB in a manner that complies with the requirements set out by all relevant legislation and guidelines.
3. CTM UHB will provide all reasonable access and support during the course of any visits, reviews, inspections and investigations that may be of relevance to the services provided by SB UHB.
4. CTM UHB will ensure that staff comply with all relevant Human Tissue Authority (HTA) guidelines or processes as outlined by the SB UHB DI.
5. The SB UHB DI is responsible for ensuring all necessary staff have access to the relevant protocols and procedures relating to mortuary and HTA compliance.

## **Process for investigation of Mortuary and HTA related incidents**



Joint Transition Board 23 April 2019

<p>Newid ffin Pen-y-bont ar Ogwr</p>  <p>Byrddau Iechyd Prifysgol <b>Abertawe Bro Morgannwg</b> <b>Cwm Taf</b> University Health Boards</p> <p>Bridgend boundary change</p>	<p><b>AGENDA ITEM 3.2</b></p> <p><b>23 APRIL 2019</b></p>
--	---

Joint Transition Board Report												
Proposed arrangements post April 2019												
Executive Leads: Health Board Chief Executives												
Authors: Alison Phillips, Transition Programme Director,												
Contact Details for further information: <a href="mailto:Alison.Phillips7@wales.nhs.uk">Alison.Phillips7@wales.nhs.uk</a>												
Purpose of the Joint Transition Board Report												
The purpose of this report is to provide members of the Joint Transition Board with an update on proposed arrangements post April 2019.												
Governance												
Supporting evidence		The <a href="#">written statement</a> made by Vaughan Gething, Cabinet Secretary for Health and Social Services on 14 June 2018.										
Engagement – Who has been involved in this work?												
Cwm Taf UHB and Abertawe Bro Morgannwg UHB considered and agreed in principle the governance structure, which included the requirement for the Joint Transition Board to establish a Joint Transition Programme Group and underpinning work streams.												
The remit of these arrangements effectively came to an end on 1 April 2019; but the Joint Transition Board agreed at its meeting in March 2019 the merit in holding a further meeting on 23 April 2019 to review any outstanding and post implementation review issues.												
Joint Transition Board Resolution to:												
APPROVE			ENDORSE			DISCUSS			NOTE		✓	
Recommendation		The Joint Transition Board is asked to <b>NOTE</b> the report.										

# **BRIDGEND BOUNDARY CHANGES TRANSITION DIRECTOR UPDATE**

## **1. SITUATION / PURPOSE OF REPORT**

The purpose of this report is to provide members of the Joint Transition Board with an update on proposed arrangements post April 2019.

## **2. BACKGROUND / INTRODUCTION**

During 2018-19 governance arrangements were put into place to support the work needed to carry out the Bridgend boundary change.

Both organisations established the formal structure to manage how we worked together during the transition, aligned with some agreed and developing overarching working principles. This comprised a Joint Transition Board, on behalf of both health boards, to oversee the implementation of the boundary change. There was also a Joint Transition Programme Group (JTPG), which reported to the Joint Transition Board (JTB), and oversaw and received reports from established work streams.

The remit of these arrangements effectively came to an end on 1 April 2019; but the Joint Transition Board agreed at its meeting in March 2019 the merit in holding a further meeting on 23 April 2019 to review any outstanding and post implementation review issues.

## **3. ASSESSMENT / GOVERNANCE AND RISK ISSUES**

The Transition Director has provided the JTB with a summary of outstanding work required to be completed to effectively bring to a close the Joint Transition Programme.

A Memorandum of understanding (MoU) has been completed, incorporating the principles that the JTB has used to work together to manage the transition and boundary change thus far. The aim of the MoU is to set out the agreement reached by the two organisations in relation to the future co-operation, sharing of sites, staff and other resources and the exchange of information.

There are two key aspects of work required that will need to run over the next two years, as an indicative timeframe. These align:

- i. the future clinical services strategy; and
- ii. the future ICT strategy.

There are a number of clinical services where the decision to transfer and disaggregate the service has already been taken, but there was a legitimate and jointly agreed issue e.g. insufficient time to carry out the transfer by 1 April 2019 without detriment to quality and patient safety, that has resulted in the

clinical advice to postpone the transfer and a transitional Service Level Agreement (SLA) has been put in place.

For some services there is joint agreement that the SLA arrangement may be appropriate for the medium and longer term, and immediate further work is not required e.g. certain specialist services.

For other services it has been agreed that further joint planning work is required to test out options for future service provision before a decision on service transfer and disaggregation can be finalised.

It is envisaged that any further work and decisions required relating to partnership arrangements will be taken through the respective Regional Partnership Board and Public Service Board governance structures.

The CTM UHB and SB UHB informatics teams have, over the course of many months, prepared for the transfer of services in the Bridgend area. As much preparation as possible was accomplished before 1 April. However, there are significant system change activities which could only ever be accomplished once the boundary change came into effect i.e. post 1 April 2019.

It must be noted that the future decision making relating to clinical services and systems, is interdependent to a large extent on the support and advice from informatics colleagues (systems and infrastructure). There is wider programme of informatics disaggregation planning that will not be able to progress until sufficient resources are identified to support that work and develop the business case.

A programme of work is required to implement both ICT and clinical service changes in practice. A further workforce process will be needed to support the implementation of the above work; as well as engagement with local communities and other stakeholders. A suitable governance structure and terms of reference would also need further consideration by both Board Secretaries before confirming arrangements for future work.

A draft proposal is enclosed as **Appendix 3.2.1** which requires further consideration by both Health Boards and agreement.

An indicative disaggregation timeline, service by service which has been reviewed by clinical service workstream leads is included as **Appendix 3.2.2**. They are in agreement of the starting point upon which a more detailed plan for service disaggregation can be developed.

#### **4. RECOMMENDATION**

The Joint Transition Board is asked to:

- **RECOMMEND** to both Health Boards that the current Joint Transition Board terms of reference have been met and the JTB in its current establishment should be brought to a close.

- **NOTE** the emerging proposed arrangements post April to support further work relating to the Bridgend Boundary Change that need to be taken forward jointly by both Health Boards.

Freedom of information status		Open; save for <b>Appendix 3.2.2 DRAFT Disaggregation schedule</b> which is the current draft document and the final version will be published at a future date.								
Governance and Assurance										
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce		Embedding effective governance and partnerships	
									✓	
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care		Dignified Care	Timely Care	Individual Care	Staff and Resources		
	✓					✓		✓		
Quality, Safety and Patient Experience										
There are no direct implications of this report. However, ensuring that the Board make fully informed decisions is dependent on the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.										
Financial Implications										
Resourcing implications of the Bridgend Transition programme beyond 1 April 2019 have yet to be agreed with Welsh Government; there is no Transition Budget available for 2019-20.										
Legal Implications (including equality and diversity assessment)										
Ensuring the Joint Transition Board (and respective Health Boards) are fully sighted on key areas of its business is essential to positive assurance processes and related risk management. There are, and will be risks associated with this Programme and there will be a requirement of the Programme for these to be logged, assessed and where appropriate escalated and reported into the Transition Board.										
Staffing Implications										
There are no direct implications on workforce in this report. However, specific impact, where relevant, will have been considered within individual reports referenced within this update.										
Long Term Implications (including the impact of the <u>Well-being of Future Generations (Wales) Act 2015</u> )										
Should the proposals be accepted, this will have a long-term impact as to how health services will be provided across the Bridgend region.										
Report History		Joint Transition Board								
Appendices		3.2.1 DRAFT Proposed arrangements post 1 April 2019 3.2.2 DRAFT Disaggregation schedule								
Related agenda items		None								

## Appendix 3.2.1 DRAFT Proposed arrangements post April 2019

### DRAFT Proposed arrangements post April 2019

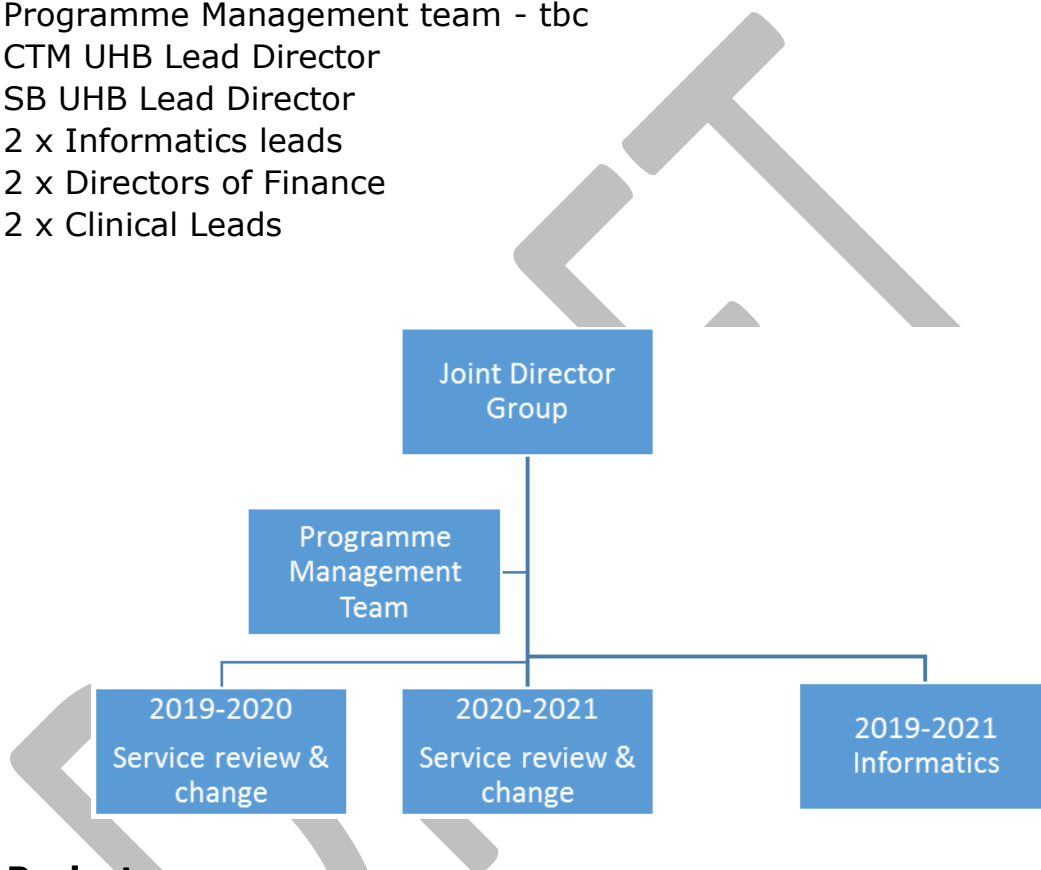
#### Joint Director Group

This proposals assumes that there will be separate arrangements for the review of the SLAs between both organisations, and that the primary lead for this will be through existing leads for Commissioning.

No Programme Board, but a small group of Directors to meet bi-monthly to oversee further joint work.

Membership to include:

- Programme Management team - tbc
- CTM UHB Lead Director
- SB UHB Lead Director
- 2 x Informatics leads
- 2 x Directors of Finance
- 2 x Clinical Leads



#### Joint Projects

A small number of discreet projects that require further joint planning work and where applicable agreement on future disaggregation plan see **Appendix 3.2.2** (drawn from the clinical services transfer list).

A clear scope for each service area needs to be agreed with a project plan, timeline, resource assessment and risk assessment.

Clinical Service Review Meeting	Ref	Clinical Service	Column 1	Column 2	Column 3	Justification	Indicative Timescales To Commence Disaggregation	ICT Considerations as of 12th April
A&E	52	Accident & Emergency	✓				Clinical Element Complete	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Respiratory	132	Respiratory	✓				Clinical Element Complete	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Pathology	46	Mortuary			✓		19/20	Need to identify clinical process and understand the link with IT systems to support disaggregation.
Pathology	56	Cellular pathology / cytology / histology / Immunohistochemistry			✓		21/22	Realistic timescale, need operational plan for service.
Pathology	57	Microbiology			✓		21/22	Realistic timescale, need operational plan for service.
Pathology	59	Clinical Haematology			✓		21/22	Realistic timescale, need operational plan for service.
Pathology	85	Pathology services – rapid response for urgent assessment / ward blood samples / reception / phlebotomy and Outpatient Dept.			✓	Hot lab based in POW to be disaggregated as it manage only samples generated internally to POW. <b>10-12-18</b> Unable to disaggregate within time frame. To be delivered under SLA for 1 year and be part of disaggregation work undertaken for wider pathology service. <b>20-12-18</b> - Column change agreed at Clinical Services Workstream Meeting <b>C1 - C3</b>	21/22	Realistic timescale, need operational plan for service.
Pathology	87	Point of Care Testing			✓	More time need to disaggregate the service therefore remain with ABM with an SLA to CT. <b>C1 - C3</b>	21/22	Realistic timescale, need operational plan for service.
Pathology	131	Anti-coagulations	✓				19/20	
Pathology		Primary Care Blood Testing			✓	Single core laboratory for cold work from all Primary Care, and all OPD facilities is based in Morriston. More time needed to disaggregate the service therefore remain with ABM with an SLA to CT.		
Maternity & Gynaecology	49	Midwifery Service (generic)	✓				19/20	To move to CT MITS system. Needs to happen asap. Clinical implications for implementation
Maternity & Gynaecology	107	Gynaecology		✓			Clinical Element Complete	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Maternity & Gynaecology	108	Gynae-oncology			✓		20/21	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Maternity & Gynaecology	109	Hysteroscopy services			✓		20/21	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Maternity & Gynaecology	111	Obstetrics/maternity services (NPT)			✓		Clinical Element Complete	
Maternity & Gynaecology	112	Obstetrics/maternity services	✓				20/21	Will need to consider and align to midwifery changes.
Therapies	1	Speech and Language Therapy (SALT)(generic)	✓				19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Therapies	8	Pulmonary rehabilitation			✓	This is an exemplar model that could not currently be replicated with CT. It was felt that disaggregating the service at this time would be detrimental to patient care. <b>C2 - C3</b>	20/21	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Therapies	23	SALT – videofluoroscopy (paeds)			✓	This is a very small ad hoc service (approx. 4 patients per year for POW). These numbers could be absorbed into RGH. Service is therefore to remain with ABM. Service is therefore to remain with ABM. Note change in flows for future patients.	19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Therapies	24	SALT – adult videofluoroscopy		✓			19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Therapies	25	SALT – adult Stroke service		✓			19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Therapies	26	SALT – fibre optic nasendoscopic evaluation of swallowing (FEES Service)	✓				Clinical Element Complete	
Therapies	27	SALT – hearing impairment (paeds)	✓				Clinical Element Complete	
Therapies	64	Physiotherapy Services (adults)	✓				19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Therapies	65	Physiotherapy Services (paeds)	✓				19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Therapies	66	Occupational Therapy Services (adults)	✓				19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Therapies	67	Nutrition & Dietetic Services (generic)	✓				19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.



Clinical Service Review Meeting	Ref	Clinical Service	Column 1	Column 2	Column 3	Justification	Indicative Timescales To Commence Disaggregation	ICT Considerations as of 12th April
Therapies	78	Musculoskeletal Clinical Assessment Service			✓	Management structure still needs to be reviewed and disaggregated. Bridgend only service. 04-12-18 - Further discussion required between CW (CTUHB) & HD(ABMU) as provision of the service and management structure is very different within CTUHB. 12-12-18 - Discussion at T&O meeting. Will need to align to T&O therefore will need to move to Column 2. Confirmed at meeting on 20th Dec. C1 - C2. <b>05-03-19</b> - RA/JW/KM - We agreed that given the service triages for the whole of ABMU based out of SA1 it seems that this service would be best staying with ABMU (Swansea Bay) with an SLA back to CTMUHB to provide the triage into orthopaedics and MCAS services to patients of BCBC area, until such time as the PAS systems are disaggregated at which time the team will disaggregate. <b>C2-C3.</b>	19/20	Current systems will continue as PAS will not be split for at least 2 years. It will be possible to disaggregate service in meantime with little ICT intervention required.
Therapies	80	Diabetes patient education service	✓				19/20	
Therapies	100	Podiatry - community			✓	The community aspect of podiatry is predominantly delivered within NPT and is interlinked across the whole of the service in ABMU. Disaggregating this from the wider podiatry and orthotic service without additional planning would de-stabilise the service. <b>C1 - C3</b>	20/21	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Therapies	101	Podiatry - Walk in NPT			✓		20/21	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Therapies	105	Orthotics			✓		20/21	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Therapies	106	SALT input into Youth Offending Team	✓				19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Therapies	118	Occupational Therapy Services (paeds)	✓				19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Therapies	119	Nutrition Skills for Life Team			✓		19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Therapies	121	Home Enteral feeding contract			✓	Further details needed in respect of contract that will be split. Nursing secondment to cover mat leave until Aug currently being provided from Singleton. SLA for that time. <b>C2 - C3</b>	19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Therapies	123	OT Workers Project	✓				19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Therapies	126	SALT - Ysgol Bryn Castell	✓				19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health	69	Calon Lan Ward NPT Hospital			✓		TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health	72	Community mental health teams	✓				TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health	73	Adult mental health services delivered at POWH	✓				TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health	74	Older adult mental health services delivered at POWH and Glanrhyd Hospital	✓				TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health	75	Perinatal Response and Management Service	✓				TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health	77	Psychiatric Liaison Service	✓				TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health	91	Inpatient Psychology	✓				TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health	94	Community Drug and Alcohol Team	✓			Reviewd seperately within Western Bay partnership meeting on 26th Nov. Decision pending.	TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health	95	Funded Nursing Care and Continuing Healthcare team (MH and children)		✓			TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health	123	OT Workers Project	✓				TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Loc / Com & Prim Care	2	Acute Clinical Team	✓				Clinical Element Complete	Longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Loc / Com & Prim Care	3	Community Resource Team	✓				Clinical Element Complete	Longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Loc / Com & Prim Care	4	Anticipatory care (U393)	✓				Clinical Element Complete	Longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Loc / Com & Prim Care	5	Dementia support workers	✓				Clinical Element Complete	Longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Loc / Com & Prim Care	19	Maesteg Hospital	✓				Clinical Element Complete	Longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Loc / Com & Prim Care	21	District Nursing	✓				Clinical Element Complete	Longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Loc / Com & Prim Care	96	Funded Nursing Care and Continuing Healthcare team (adult)	✓				Clinical Element Complete	Longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Loc / Com & Prim Care	97	Chronic Pain			✓		20/21	Longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Paediatrics	14	Flying start Health Visitors and Children's Nursing Service core safeguarding children	✓				19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.

Clinical Service Review Meeting	Ref	Clinical Service	Column 1	Column 2	Column 3	Justification	Indicative Timescales To Commence Disaggregation	ICT Considerations as of 12th April
Paediatrics	15	School Nursing	✓				19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems
Paediatrics	16	Looked after Children	✓				19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems
Paediatrics	17	Children with Disabilities Team	✓				19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems
Paediatrics	22	Health Visiting	✓				19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems
Paediatrics	39	Neonatal unit		✓			19/20	Badgernet -License change 19/20 will need to be for POW specific. No technical issues.
Paediatrics	45	Paediatrics	✓			Numerous SLA's for specialist nursing post identified and agreed at cost centre disaggregation meeting. <b>C2 - C1.</b>	19/20	Twinkle web based diabetes system. Will move to CT when funding available. Interim plan in place for continued access.
Paediatrics	95a	Continuing Health Care services - Paeds	✓				19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems
Primary Care	6	16 General Medical Services Contracts in three "clusters"	✓				Clinical Element Complete	
Primary Care	12	Primary care vasectomy service		✓			Clinical Element Complete	
Cardiology	36	Cardiology		✓			TBC - SB to advise	Large project will link to WPAS merger. Will need clear operational plan to ensure tertiary services are not detrimentally affected. ICT timeframe to commence 21/22
Cardiology	37	Cardiac physiology		✓			TBC - SB to advise	Large project will link to WPAS merger. Will need clear operational plan to ensure tertiary services are not detrimentally affected. ICT timeframe to commence 21/23
Cardiology	102	Cardiac Rehab	✓			Initial plan to transfer community cardiology to CTM UHB with SLA NPT population. It has since been recognised that the service can be split completely and be provided by both organisations to respective populations. Agreed at Clinical Services Work stream meeting. <b>C2 - C1.</b>	19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems
Cardiology	103	Cardiology GPwSI - GP with Special interest	✓			102, 103 & 104 all provide community cardiology. Narrative is relevant however no column changes required for GPwSI or Heart Failure Service as originally allocated to C1.	19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems
Cardiology	104	Bridgend Heart failure service	✓				19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems
Pharmacy	9	33 Community Pharmacy contracts	✓				19/20	
Pharmacy	58	Cows Milk Protein Allergy service / FODMAP			✓		19/20	
Pharmacy	60	Pharmacy (generic)	✓				19/20	JAC implemented. Pharmacy systems split. Need to move POW to MEd.
Pharmacy	61	Pharmacy - Medicines information & training		✓			19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems
Pharmacy	62	Pharmacy - aseptic/WAST supplies/homecare/medical gas testing			✓		19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems
Theatres / Anaesthetics	44	Anaesthetics		✓			20/21	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems
Theatres / Anaesthetics	48	Intensive Care/ High Dependency	✓				Clinical Element Complete	Need to roll out ICIP - funding required. No clinical issues.
Theatres / Anaesthetics	128	Acute Pain		✓			20/21	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems
Theatres / Anaesthetics	130	Pre-assessment service		✓			20/21	Need operational plan including which ICT system to use.
Theatres / Anaesthetics	133	Theatres	✓				Clinical Element Complete	Need to move to single instance of TOMS. Funding required. No clinical issues.
OOH	11	111 service			✓		19/20	No issues identified. Service to advise of any changes.
OOH	79	GP OOH			✓	No change to column. Work to begin now for future change but not change on 1 April. Plan would be to move GPOOH at the same time that 111 service transfers over.	19/20	No issues identified. Service to advise of any changes.
Radiology	40	Diagnostic Services - Radiology		✓			19/20	Part of RADIS merger to commence 2019.
Radiology	68	Rapid Access Diagnostic Centre			✓		19/20	
Radiology	113	Nuclear Medicine			✓		20/21	Part of RADIS merger to commence 2019.
Radiology	115	Radiation Protection			✓		20/21	Part of RADIS merger to commence 2019.
Primary Care	7	23 General Dental Services contracts and orthodontic provision	✓				Clinical Element Complete	
Primary Care	28	Community Dentistry	✓				Clinical Element Complete	
OMF / Dentistry	83	Oral and maxillofacial Surgery			✓	All aspects of max fax surgery, dentistry and orthodontics are delivered ABMU wide. It would not be possible to disaggregate this ahead of April 1 <sup>st</sup> so the recommendation would be that this continues to be delivered by ABMU with SLA so that an additional piece of planning work can be undertaken. <b>C2 - C3</b>	20/21	Need operational plan for service. No ICT issues identified. Will need to be involved in future developments.
OMF / Dentistry	98	Special Care and Restorative Dentistry services delivered under a General Anaesthetic			✓	All aspects of max fax surgery, dentistry and orthodontics are delivered ABMU wide. It would not be possible to disaggregate this ahead of April 1 <sup>st</sup> so the recommendation would be that this continues to be delivered by ABMU with SLA so that an additional piece of planning work can be undertaken. <b>C2 - C3</b>	20/21	Need operational plan for service. No ICT issues identified. Will need to be involved in future developments.

Clinical Service Review Meeting	Ref	Clinical Service	Column 1	Column 2	Column 3	Justification	Indicative Timescales To Commence Disaggregation	ICT Considerations as of 12th April
OMF / Dentistry	141	Orthodontics			✓		20/21	Need operational plan for service. No ICT issues identified. Will need to be involved in future developments.
OMF / Dentistry	142	Restorative Dentistry			✓		20/21	Need operational plan for service. No ICT issues identified. Will need to be involved in future developments.
OMF / Dentistry	143	Orthodontic Laboratory			✓		20/21	Need operational plan for service. No ICT issues identified. Will need to be involved in future developments.
Mental Health - Follow UP	70	First Episode Psychosis			✓		TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health - Follow UP	71	Veterans	✓			This is a hub and spoke model with the hub in UHW Cardiff. Staff are professionally supervised from within the hub. Service is delivered within locality and so can be disaggregated. <b>C3 - C1</b>	TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health - Follow UP	76	Electroconvulsive therapy			✓		TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health - Follow UP	89	Forensic services - low and medium secure					TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health - Follow UP	90	Forensic services - rehabilitation					TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health - Follow UP	122	Early onset dementia	✓			The majority of posts within this service are currently vacant. The service is not currently delivering a specific model of care. It would make sense to disaggregate the vacant posts ahead of these being filled. <b>C3 - C1</b>	TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health - Follow UP	124	Dechrau Newydd			✓		TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Primary Care	10	20 Optometrist Contracts	✓				Clinical Element Complete	
Ophthalmology	42	Ophthalmology		✓			TBC - SB to advise	Part of national system procurement process.
Ophthalmology	63	Orthoptic service	✓			Initial plan that orthoptic service would move to CTM alongside ophthalmology. It has since been recognised that service provision is Bridgend specific and service can be split. JW/KM/JM/KP - Karen Phillips to split the team as the staff who work in Singleton/NPT do no work in PoW. These staff will be managed by Singleton and the PoW staff will TUPE. <b>C2 - C1</b>	Clinical Element Complete	
Ophthalmology	120	Paediatric Ophthalmology		✓			TBC - SB to advise	
Loc / Com & Prim Care	20	Wound Care Service	✓				Clinical Element Complete	
Loc / Com & Prim Care	81	Community Continence Service	✓				Clinical Element Complete	Use web based systems.
Audiology	13	Audiology	✓				19/20	No ICT required. Already split into POW specific. Will need further work with PAS realignment.
Audiology	27	Hearing Impairment Service (Paeds)	✓				19/20	
Audiology	29	Cochlear Implant Programme	✓				19/20	
Loc / Com & Prim Care	34	Palliative Medicine - Y Bwthyn Newydd		✓			TBC - SB to advise	
Oncology / Palliative Care	127	Acute oncology	✓				Clinical Element Complete	
Oncology / Palliative Care	129	Cancer Multi Disciplinary Team support	✓				Clinical Element Complete	
Rheumatology	82	Rheumatology			✓	Initial plan to disaggregate service was not possible. To do so quickly would cause unnecessary risk. Agreement at workstream meeting to remain in ABMU with plan to disaggregate in 19/20	19/20	Need clear clinical operational plan. Can be disaggregated in time fram and continue to use SB clinical systems until PAS split.
Mental Health Second Follow Up	92	Attention deficit/hyperactivity disorder (ADHD) and Autistic spectrum disorder (ASD)			✓	Due to the size of the service and the small number of people working across the whole of ABMU as well as within the locality, it would be difficult to disaggregate the team without additional planning work and an understanding of the interdependencies with the developing Integrated autism service. <b>C1 - C3</b>	TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health Second Follow Up	93	Psychiatric Intensive Care Unit (PICU)		✓			TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health Second Follow Up	138	Tier 3 Eating Disorder			✓	New Service Descriptor - Column allocation agreed by PCMH sub-group.	TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health Second Follow Up	144	Dementia Training Team	✓			New Service Descriptor - Column allocation agreed by PCMH sub-group.	TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health Second Follow Up	145	Mental Health Family Therapy		✓		New Service Descriptor - Column allocation agreed by PCMH sub-group.	TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health Second Follow Up	147	Older People MH Physiotherapy Service	✓			New Service Descriptor - Column allocation agreed by PCMH sub-group.	TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health Second Follow Up	148	Criminal Justice & Prison Inreach			✓	New Service Descriptor - Column allocation agreed by PCMH sub-group.	TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health Second Follow Up	150	Mental Health / LD Nutrition & Dietetics			✓	New Service Descriptor - Column allocation agreed by PCMH sub-group.	TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health Second Follow Up	151	MH & LD Training Team	✓			New Service Descriptor - Column allocation agreed by PCMH sub-group.	TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health Second Follow Up	89a	Taith Newydd			✓		TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health Second Follow Up	90a	Cefn Yr Afon		✓			TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.

Clinical Service Review Meeting	Ref	Clinical Service	Column 1	Column 2	Column 3	Justification	Indicative Timescales To Commence Disaggregation	ICT Considerations as of 12th April
Mental Health Second Follow Up	90b	Gwelfor			✓		TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health Second Follow Up	90c	Ty Gwanwyn			✓		TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Mental Health Second Follow Up	92a	Integrated Autism Service			✓	New Service Descriptor - Column allocation agreed by PCMH sub-group.	TBC	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Private Facilities	30	Private clinic/outpatient facilities	✓				Clinical Element Complete	
Health Psychology	139	Health Psychology	✓				19/20	
Outpatients	146	Out - Patients		✓			19/20	
Medical Devices & Equipment	88	Hospital Sterilisation and Decontamination Unit		✓			19/20	Need clear operational plan from service to understand ICT needs and establish if POW move onto Health Edge or merge current systems.
Medical Devices & Equipment	114	Rehab engineering			✓		Clinical Element Complete	
Medical Devices & Equipment	116	Medical equipment mgmt. service		✓		SLA for ventilation and anaesthetic machine maintenance required if post isn't filled by April 1st. <b>C1 - C2</b>	19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Medical Devices & Equipment	117	Medical device training and ventilation maintenance			✓	To remain ABMU only. No SLA. CTUHB need resource to appoint.	19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Acute & General Medicine	31	Neurology			✓		21/22	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Acute & General Medicine	32	Renal			✓		Clinical Element Complete	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Acute & General Medicine	35	Stroke Services		✓			Clinical Element Complete	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Acute & General Medicine	38	Dermatology	✓			JW/KM/JM - NPT based staff to remain in AMBU (SBUHB) both nurses and medics (with NPT based contracts) and be managed by Singleton team. PoW Consultants who have sessions in NPT (8 sessions) transfer to CTMUHB and SLA those sessions into SBUHB post April. Risk for SBUHB is no management support for this service being transferred therefore a part time B5 financial risk. <b>C2 - C1.</b>	19/20	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Acute & General Medicine	43	Endoscopy		✓			Clinical Element Complete	Need operational decision regarding service and Ict changes. Which ICT system is required.
Acute & General Medicine	47	Care of the Elderly	✓				Clinical Element Complete	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Acute & General Medicine	51	Diabetes & endocrinology	✓				Clinical Element Complete	POW will move to WISDM once pilot is signed off ? 19/20
Acute & General Medicine	52	Emergency & Acute Medicine	✓				Clinical Element Complete	Part of WEDS project.
Acute & General Medicine	53	Gastroenterology	✓				Clinical Element Complete	Need operational decision regarding service and Ict changes. Which ICT system is required.
Acute & General Medicine	86	Blood Borne Viruses	✓				Clinical Element Complete	National solution
Acute & General Medicine	136	Neuro-Physiology			✓		21/22	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Acute & General Medicine	149	Parkinsons Disease	✓				Clinical Element Complete	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Sexual Health	18	Sexual Health			✓	ABMU wide nature of the service. Only 1 clinic in Bridgend. Complex IT systems . Plan disaggregation 19/20. <b>C1 - C3</b>	19/20	Will need to align to national solution. From ICT perspective service can split and continue to use current systems until national solution is agreed.
Surgery	134	Urology	✓				Clinical Element Complete	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Surgery	33	Emergency and planned surgery (General Surgery)		✓		Combine 33,54,84 - Move all to column 2 as SLA'S needed across	Long Term Plan To Disaggregate. Timescale to be confirmed. Linked to GIRFT project.	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Surgery	41	Trauma and Orthopaedics		✓			Long Term Plan To Disaggregate. Timescale to be confirmed. Linked to GIRFT project.	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Surgery	55	Vascular services			✓			Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Surgery	135	Ear, Nose & Throat	✓			Move to column 1 - No SLA needed as NPT clinic now in POW - <b>C2 - C1</b>	Clinical Element Complete	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Surgery	137	Breast Services		✓		To remain column 2 - Will destabilise general surgery on-call and breast services across ABMU.	TBC - SB to advise	Need clear operational plans.
Surgery		Upper GI Cancer Surgery		✓		Link to 33 - <b>C3 - C2</b>		Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Surgery		Upper GI Surgery		✓		Link to 33 - <b>C1 - C2</b>		Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Loc / Com & Prim Care	110	Tissue Viability service	✓				Clinical Element Complete	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.
Loc / Com & Prim Care	140	Lymphedema			✓		20/21	Linked to longer term plan for ICT disaggregation linked to ICT business case and splitting SB systems.