



AGENDA ITEM

6.3

PLANNING, PERFORMANCE & FINANCE COMMITTEE

**HIGH LEVEL PLAN FOR SWANSEA DISAGGREGATION
2022-23**

Date of meeting

26/04/2022

FOI Status

Open/Public

If closed please indicate reason

Choose an item.

Prepared by

Claire Nelson, Assistant Director of Transformation

Presented by

Linda Prosser, Director of Strategy and Transformation

Approving Executive Sponsor

Executive Director of Strategy and Transformation

Report purpose

FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals

Date

Outcome

CTMUHB/SBUHB Joint Executive Group

11/03/2022

SUPPORTED

ACRONYMS

CC	Clinical Capacity
CTMUHB	Cwm Taf Morgannwg University Health Board
JEG	Joint Executive Group
JMG	Joint Management Group
NPT	Neath Port Talbot Hospital
POWH	Princess of Wales Hospital
SBUHB	Swansea Bay University Health Board
SLA	Service Level Agreement

1. SITUATION/BACKGROUND

1.1 A high level plan for the planned disaggregation of Service Level Agreement (SLAs) between Cwm Taf Morgannwg University Health Board (CTMUHB) and Swansea Bay University Health Board (SBUHB) was requested in the December Joint Management Group (JMG) meeting between CTMUHB and SBUHB and also in an informal meeting with Audit Wales.

1.2 At the time of the Bridgend Boundary Change (2019/20) a range of contractual mechanisms including a Long Term Agreement (LTA), Clinical Capacity SLA's (CC SLA's) and individual medical staff, service and staff service level agreements (SLA's) were established to ensure the continuation of services post transition.

1.3 Clinical and Service SLAs

The number, type and value (based on 2021/22) of Clinical and Service SLAs are outlined in the following table by provider.

Table 1: Number, type and value of Clinical/Service SLAs in place by provider in 2019/20 following the Bridgend Boundary Change

Provider	Clinical Capacity SLA	Medical Staffing	Pathology/ Mortuary	Service	Staff	Total No. of SLAs	Total Value of SLAs (£)
SB	7	4	2	33	12	58	17,805,193
CT	10	7		7	8	32	4,792,089
Total	17	11	2	40	20	90	22,597,282

The following table sets out how the number and value of the SLAs has reduced in the last two years since the boundary change, how many SLAs ended in year (with the service provision changing to the responsible HB through mutual agreement) and the value of the SLAs remaining.

Table 2: Number and value of SLAs in place by financial year

Provider	Year	Value of SLAs at the start of the year (£)	No. of SLAs ended in year	Reduction in value of SLAs (£)
SB	2019/20	17,805,193	10	78,893
	2020/21	17,726,303	3	96,723
	2021/22	17,124,575	4	299,441
CTM	2019/20	4,792,089	4	57,250
	2020/21	4,734,839	3	115,922

	2021/22	4,001,918	4	247,400*
Total over three years			20	895,629

*forecast for year end

1.4 Corporate SLAs

7 out of the original 8 Corporate SLAs between CTMUHB and SBUHB are still in place, with the value of these in 2021/22 for CTMUHB being £1.5m income and £2m expenditure of which £1.8m relates to Digital/ICT. The Occupational Health SLA has reduced in this time with the nursing element ceasing in March 2021 leaving only the Consultant element.

1.5 Clinical Capacity SLAs

There are a range of services at Neath Port Talbot Hospital (NPTH) where SBUHB provide the clinical capacity (facilities) but CTM are currently the 'host' provider due to the Consultant provision and the provision of booking services (linked to waiting list and performance management). These are under-pinned by Clinical Capacity (CC) SLAs with a total value of £7,476,625 at the start of 2021/22.

Similarly there are a range of services at Princess of Wales Hospital (POWH) where CTMUHB provide the clinical capacity (facilities) but SBUHB are currently the 'host' provider due to the Consultant provision and the provision of booking services (linked to waiting list and performance management). These CC SLAs had a value of £2,362,581 at the start of 2021/22.

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

A number of dis-aggregations of SLAs are already in train or under discussion for 2022/23. These include:

2.1 CTM Services on Neath Port Talbot (NPT) site

Following notice being served to CTMUHB by SBUHB's Chief Executive to vacate the NPT site by March 2023 there is an urgent requirement to prioritise the disaggregation of the CC SLAs outlined in Table 3 which were presented in the October JMG and Joint Executive Group (JEG) meetings. At the March JEG it was agreed that the disaggregation of the Breast and Orthopaedic services were a priority for the first two quarters of 2022/23.

Table 3: Clinical Capacity SLAs for NPT

Clinical Capacity SLA	Value (£)
Breast Surgery*	1,814,444
Cardiology	455,389
General Surgery	754,401
Gynaecology	726,699
Ophthalmology	56,508



Orthopaedics	3,657,680
Total	7,475,961
Associated Staff Recharge SLA	Value (£)
Mammography	61,115
NPT Total	7,537,076

*notice served by CTMUHB Autumn 2021

2.2 SLA dis-aggregations on the Critical Path

The other SLA dis-aggregations currently under discussion and on the Critical Path which is presented at JMG and JEG are outlined below.

Table 4: SLA dis-aggregations on the Critical Path as of 20/01/2022

Current Provider	Service Area	Type of SLA/LTA	Value (£k)	Planned Cessation Date
CTM	Taith Newydd and Caswell Mobile Dentistry	Service	13,165	TBC
CTM	Haematology	CC & LTA	208,569	TBC
CTM	Oral Maxillo Facial Surgery	CC & LTA	489,804	TBC
SB	Neuro-Development service	Service	158,974	Apr 2022
SB	Lymphoedema	Service	292,144	July 2022
SB	ADHD & ASD	Service	17,795	June 2022
SB	Pharmacy Homecare	Service	49,969	TBC
Total			1,230,420	

2.3 Informatics and ICT services

To facilitate the NPT disaggregation, CTMUHB has proposed that the remaining Information and ICT services are disaggregated by March 2023. These have a value of c.£1.8m.

2.4 Mental Health

Discussions have also been taking place between the two Mental Health Services regarding the need to disaggregate a number of the existing SLAs. To date notice has only been served by CTMUHB on the ADHD/ASD contract (as included in Table 4) and SBUHB Psychiatry on call (resource neutral). There has also been agreement that the Prison In-reach SLA provided by Swansea to Parc Prison, Bridgend will need to continue due to their expertise in this area but work is still required in this area to ensure appropriate resource.

2.5 Pathology

The need to disaggregate Pathology services which are currently provided by SBUHB primarily for patients in the Bridgend area has been raised as being necessary in 2021/22 but the implications of this have yet to be explored in detail. The urgency is around a number of clinical services

being repatriated to CTMUHB but the associated Pathology services remaining in SBUHB which has led to a number of clinical incidents due to a delay or lack of pathology review. Also, the national procurement of a new Laboratory Information System (LIMS) by the LINC (Laboratory Information Network Cymru) Programme which has a go live in CTM of September 2023 with preparatory work required in advance of this. The value of this SLA is circa £4.5m and has a number of elements to it.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The 16 SLAs outlined in the previous section have a combined value of £15,067,496 which is approximately 67% of the SLA value and 26% of the number of SLAs remaining between SBUHB and CTMUHB. Disaggregation of these SLAs would be a stepped change from the decreases in the overall value of the SLAs following dis-aggregations in 2019/20 (0.44%), 2020/21 (0.55%) and 2021/22 (2.4%).
- 3.2 This assessment does not include the SLAs with other Health Boards that will be impacted by the changes or as part of a regional review of the provision of services in the case of Mental Health.
- 3.3 It also does not account for the impact that the SLA dis-aggregations will have on a number of LTAs although this along with the LTA principles, will be considered in the financial cessation of any SLA discussions.
- 3.4 Whilst dedicated resource to help manage this workload has been funded by Welsh Government (£100k between the two organisations) this has yet to be recruited to. Such a high volume of disaggregation will be extremely challenging for the teams involved, particularly within Finance and Planning who will be involved in the majority of discussions. The impact of clinical services dis-aggregations on ICT services will also need to be understood.
- 3.5 Whether the above schedule of dis-aggregation is achievable as it currently stands, noting that a number of SLAs are requested in year to be ceased, needs to be discussed. Following agreement of the priorities for 2022/23 for which further detailed was requested by JEG by May 2022, a clearer timetable of the cessations can be drawn up.



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Quality, Safety and Patient Experience Implications of dis-aggregations will be understood before they are implemented in line with the principles of the Memorandum of Agreement between the organisations.
Related Health and Care standard(s)	Staff and Resources
	Safe Care, Timely Care, Governance, Leadership and Accountability
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	EIAs will be undertaken as part of the disaggregation of individual services.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	Some of the resource implications are described in the paper.
Link to Strategic Goals	Sustaining Our Future

5. RECOMMENDATION

- 5.1 Members of the Committee are asked to **NOTE** the high level plan for disaggregation of Service Level Agreements in 2022/23 between CTMUHB and SBUHB.