

<b>AGENDA ITEM</b>
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<b>PLANNING, PERFORMANCE &amp; FINANCE COMMITTEE</b>
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<b>BRIDGEND TRANSITION UPDATE</b>
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<b>Date of meeting</b>	25/10/2022
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	Elizabeth Beadle, Assistant Director of Transformation
<b>Presented by</b>	Linda Prosser, Executive Director of Strategy & Transformation
<b>Approving Executive Sponsor</b>	Executive Director of Strategy and Transformation
<b>Report purpose</b>	FOR NOTING

<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)</b>		
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<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
(Insert Name)	(DD/MM/YYYY)	Choose an item.

<b>ACRONYMS</b>	
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LTA	Long term agreement
SLA	Service level agreement

## 1. SITUATION/BACKGROUND

- 1.1 From 1 April 2019, an Area Change Order brought into effect a geographic change making the newly formed Cwm Taf University Health Board (CTMUHB) responsible for providing healthcare services for the residents of the Bridgend County Borough Council (BCBC) area called Cwm Taf Morgannwg University Health Board).



- 1.2 During 2018-19, Swansea Bay University Health Board (SBUHB) and CTMUHB 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. Following April 2019 a Memorandum of Understanding was put in place through which it was agreed to use a jointly-agreed set of transition principles to manage the ongoing programme of work through the ongoing Disaggregation Programme to reset the operational, clinical and contractual relationship between the two Health Boards to reflect the new arrangements.
- 1.3 The key principles underpinning the MOU were:
  - 1.3.1 that the quality and delivery of patient care will be central to all actions and decision-making; and,
  - 1.3.2 that there is an ongoing commitment to maximise the opportunity to improve the health and wellbeing of the population served by both organisations.
- 1.4 Priorities for disaggregation were agreed by SBUHB and CTMUHB and work has progressed to conclude a number of service and associated contractual changes.
- 1.5 Between 2019 and 2022, 29 contractual agreements (service level agreements (SLA) or long-term agreements (LTA)) were ceased and during the year to date (to the end of quarter two 22/23), seven agreements have ceased. The full details of the agreements ceased in 2022/2023 and those remaining for cessation are set out in the schedule provided as Appendix 1 to this report.

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

- 2.1 A number of services have been disaggregated with the relevant changes made to contractual arrangements and associated financial flows, since the boundary change in 2019.
- 2.2 Due to the significant complexity of the work programme it has not been possible to progress at the pace originally anticipated. Each service disaggregation requires robust impact assessment of the service (clinical pathway, demand/capacity and outcomes), workforce, estates, infrastructure and financial implications and a robust proposal for the safe and effective repatriation or decommission of services, where appropriate. Many of these service agreements also have interdependencies. All service changes must



be aligned with wider service plans including our three-year plan Integrated Medium Term Plan (IMTP) and the vision, aims and objectives of the CTM 2030 strategy.

- 2.3 The challenge of the complexity of this programme has been compounded by resource pressures. The capacity constraints were highlighted on the transition risk register and funding was sought to provide additional capacity to progress with the transition. Following a non-recurrent allocation of £100,000 from Welsh Government, a Joint Transition Project Manager has been recruited for six months and the remaining funds will be allocated to release commissioning capacity in CTMUHB to progress the transition.
- 2.4 Appendix one provides the full schedule of services to be disaggregated, but in summary, of the forty four agreements on the 2022/23 schedule for disaggregation;
  - 2.4.1 Seven have been completed.
  - 2.4.2 Nine have not been commenced.
  - 2.4.3 Fifteen have been commenced but notice has not been served.
  - 2.4.4 Six are in progress (amber), but with a notice date to be agreed, or being re-negotiated. It should be possible to complete cessation by 31st March 2023 in these cases, providing that no TUPE issues etc. prevent these from being achieved.
  - 2.4.5 Seven are overdue. These relate to Oral and Maxillofacial Surgery (OMFS), Orthopaedics Urology and Occupational Health Services. Some of the delays are attributed to the significant complexity of the services to be disaggregated and the fact that CTMUHB has not been in a position to complete the agreement, but in all cases communication and negotiation is ongoing
- 2.5 Work is ongoing to progress each of the services due and those overdue. A combination of the complexities associated with the service changes, the capacity challenges noted above and the structural changes in CTMUHB have affected the ability to make progress.
  - 2.5.1 Formal correspondence has confirmed the broad parameters for the Orthopaedics service changes and service-level assessments are ongoing to provide a robust proposal for the respective services following disaggregation. This includes ensuring there is sufficient workforce and physical capacity (clinic and theatre sessions, etc.) to facilitate the changes.
  - 2.5.2 Service-level discussions are planned for Urology.



2.5.3 The two health board teams are working to arrange meetings to progress all other urgent and overdue service disaggregation discussions, with the support of the Joint Transition Manager.

2.6 Internal meetings across both organisations will take place for the remaining SLA/LTA's in the current work plan, during October 2022 to understand the impact of disaggregating each SLA/LTA and subsequent joint service to service meetings will follow to work through any complications that may arise. The complexity of disaggregating these SLA/LTA's should not be underestimated with several having interdependencies with other services that require consideration and associated changes. Furthermore, it is fundamental that the service changes are undertaken within our programmes to redesign and future proof delivery of our services.

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

- 3.1 The Committee is advised that a work programme is being developed for the assessment of all services to be considered for disaggregation.
- 3.2 Service disaggregation work will be prioritised on the basis of assessment of risks and impact associated with each service change.
- 3.3 Regular updates will be provided to the Committee.

### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	Undertaking the disaggregation of services in a planned manner is essential to sustaining safe services and maximising accessibility for CTMUHB residents.
<b>Related Health and Care standard(s)</b>	Safe Care
	Timely Care
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	Choose an item.
	Each service disaggregation requires full consideration of the impact on service, workforce and finances.
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.



<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
	Each service change will be individually assessed for any financial impacts and work undertaken to mitigate financial risks where possible. Any negative financial impacts will be highlighted through the disaggregation governance process.
<b>Link to Strategic Goals</b>	Improving Care

## 5. RECOMMENDATION

- 5.1 The Committee is asked to **NOTE** the contents of the report and Appendix 1 and to receive regular updates.