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Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



Meeting Date	Health Board 30 <sup>th</sup> August 2018		Agenda Item	2(i)
Report Title	Bridgend Boundary Change Transition Programme Service Transfer			
Report Author	Alison Phillips, Transition Director			
Report Sponsor	Tracy Myhill, Chief Executive			
Presented by	Tracy Myhill, Chief Executive			
Freedom of Information	Open			
Purpose of the Report	<p>The purpose of this report is to confirm the services to transfer from Abertawe Bro Morgannwg University Health Board (ABM UHB) to Cwm Taf University Health Board (Cwm Taf UHB) with effect from 1 April 2019.</p> <p>The report also provides the Board with an update on the meeting of the Joint Transition Board that was held on 27 July 2018.</p>			
Key Issues	<p>The Cabinet Secretary 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 ABM UHB to Cwm Taf UHB.</p> <p>As agreed by both Health Boards, a Joint Transition Board (JTB) has been established as a sub-committee of each Health Board to oversee the implementation of the boundary change. A scheme of delegation has been approved by both Health Boards and sets out those decisions that can be taken by the JTB. The service transfer is not a delegated matter and requires the approval of the two Health Boards.</p>			
Specific Action Required (please ✓ one only)	Information	Discussion	Assurance	Approval
				✓
Recommendations	<p>Members o are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report</li> <li>• <b>Approve</b> the service transfer proposal</li> </ul>			



## **BRIDGEND BOUNDARY CHANGE TRANSITION PROGRAMME SERVICE TRANSFER**

### **1. Situation/Purpose of Report**

The purpose of this report is to confirm the services to transfer from Abertawe Bro Morgannwg University Health Board (ABM UHB) to Cwm Taf University Health Board (Cwm Taf UHB) with effect from 1 April 2019.

The report also provides the Board with an update on the meeting of the Joint Transition Board that was held on 27 July 2018.

### **2. Background**

The Cabinet Secretary 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 ABM UHB to Cwm Taf UHB.

As agreed by both Health Boards, a Joint Transition Board (JTB) has been established as a sub-committee of each Health Board to oversee the implementation of the boundary change. A scheme of delegation has been approved by both Health Boards and sets out those decisions that can be taken by the JTB. The service transfer is not a delegated matter and requires the approval of the two Health Boards.

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

### **3.1. Key Principles**

The Joint Transition Board has approved the following key principles which will underpin the work of the Transition Programme and form the basis by which ABM and Cwm Taf UHBs will hold themselves to account for the delivery of the required changes. They are set in the context of a commitment to maximise the opportunity to improve the health and wellbeing of the population served by both organisations.

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 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 ABMU. 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>1</sup> will transfer in its entirety to Cwm Taf UHB from 1<sup>st</sup> April 2019.
9. The **Provider** responsibility for all<sup>2</sup> NHS services to the Bridgend population will transfer to Cwm Taf UHB from 1<sup>st</sup> April 2019 unless there is a jointly agreed legitimate reason that the provision of a particular service should remain with ABMU either in the short-term (to mitigate destabilisation during the transition period) or on a more substantive basis where, for example:
  - A given service is part of a specialist service that ABMU 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 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.
11. WHSSC commissioned services for the Bridgend population are out-of-scope for consideration of any changes to Provider arrangements as part of this Programme.

In addition to the above, Cwm Taf UHB commits to doing everything possible during the Transition Programme to support ABMU in delivering the actions associated with their Targeted Intervention Programme as they relate to the Bridgend locality.

### **3.2. Workforce transfer process**

The Directors of Workforce and Organisational Development have jointly agreed through both Health Board Partnership Committees, a workforce transfer process which will inform and help guide the decision making regarding all staff posts impacted by the change.

This process is set out in **Appendix 1**.

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<sup>1</sup> Bridgend population is determined by the Local Authority boundary. It is not the registered patient population.

<sup>2</sup> 'All' is defined here, as all those services currently provided by ABMU 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.

### 3.3. Clinical services methodology

Both organisations have worked closely together in recent weeks, to identify all clinical services that fall within the scope of the transfer. They have worked through every identified service, applying the key principles listed above, and jointly agreed a proposal about the future service provider arrangement.

This proposal has been reviewed and considered by both Chief Executives, they jointly support the proposal, and there are currently no areas of disagreement that would require the Welsh Government to resolve.

The outcome of this exercise is set out in **Appendix 2**, 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 Cwm Taf UHB 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 ABM UHB 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>

### 3.4. Non-clinical support services methodology

There is, as a consequence of the proposal for the clinical service transfer, a clear alignment to the transfer of non-clinical support services. Where non-clinical services support clinical service provision for the population of Bridgend, they will transfer.

Exceptions to this may arise, where there is a jointly agreed legitimate reason that the provision of a particular service should remain with ABM UHB either in the short-term (to mitigate destabilisation during the transition period) or on a more substantive basis. Equally there may be circumstances where Cwm Taf UHB provides services back to ABM UHB. The details of such arrangements 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.

A summary of non-clinical support services is set out in **Appendix 3**.

### **3.5. Corporate services methodology**

The disaggregation of corporate services is more complex, due to the pan ABM UHB remit of many of these core functions and may not easily be identified as providing a service for the population of Bridgend.

The key principles and the workforce transfer process will be applied. The next steps and further work set out below, will also inform the final decision making regarding corporate services. A methodology to support the disaggregation is currently under development with both organisations and in consultation with trade union partners.

A summary of corporate services is set out in **Appendix 4**.

There are also a very small number of roles, as defined in the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 that are specified for every Health Board. These will not form part of the service transfer.

### **3.6. Financial implications**

Agreement by the Health Board on the enclosed service transfer is required for the Transition Programme to progress with greater certainty to the assessment and testing of financial implications. While these financial implications have not yet been fully quantified, work is underway to determine the financial risks and how they may be mitigated.

Both Directors of Finance will be attending the Joint Transition Board meeting on 31 August to set out and discuss the work underway, and also the proposed approach to this next phase of work.

An update on progress, and a more detailed assessment of the financial implications and associated risks will then come back to the Health Boards for consideration in due course.

### **3.7. Next steps and further work**

Agreement by the Health Board on the service transfer is required for the Transition Programme to progress with greater certainty to the next phase of work on the critical path; this includes:

- Staff consultation exercise
- Assessment and testing of financial implications
- Assessment and testing of ICT resilience
- Confirmation of assets and liabilities to transfer, including land and buildings
- Construction of draft Service Level Agreements

In the event that after further detailed work, there is a legitimate and jointly agreed issue e.g. a technical issue, that means the service is unlikely to transfer within the agreed timescale, then a transitional SLA agreement will be put in place and a revised timescale agreed.

### **3.8. Local Authority Partnership arrangements**

Bridgend County Borough Council (BCBC) is working with the other Local Authorities and other regional partners to make a collective recommendation on those partnership services that need to transfer to new arrangements and the timeframe for this. An update on progress will be considered by the JTB in August.

The link to the Transition Programme is through the Partnerships work stream and also through the BCBC attendance of the JTB meetings.

The governance framework for the decision making for Local Authority partnership arrangements will in the main, be either through Public Service Boards (PSB) or through Regional Partnership Boards (RPB); depending on the specific partnership arrangement. There may be a small number of exceptions, where neither the PSB nor RPB is the decision-making authority for the partnership arrangement, and these will be reported to the JTB on a case by case basis, as and when identified.

### **3.9. Joint Transition Board**

The second meeting of the JTB was held on 27 July 2018. The JTB discussed and noted the risk and issues log, critical path and end product checklist presented at the meeting. Dave Thomas from the Wales Audit Office, attended as an observer and will attend future meetings.

The JTB identified a number of queries to be raised with the Welsh Government concerning the process and timeframe for the legislative changes required to enable the proposed change.

The JTB will receive a joint presentation from both Directors of Finance on the key financial implications and the planned mitigation of any financial risks arising from the transfer at its meeting on 31 August 2018.

The JTB issued a second bulletin with key messages for staff which is available on both Health Board intranet sites, and shared with BCBC Chief Executive. An outline communication plan was considered and approved recognising that the plan will be updated over time.

The JTB agreed that the trade union independent board members of both Health Boards should be invited to the JTB meetings, and that the Chairs of both the Partnership Committees would be invited to the Joint Transition Programme Group (JTPG) meetings. The Terms of Reference for the JTB and JTPG will be amended once this offer has been formally accepted by trade union partners.

### **3.10. Joint Transition Programme Group**

The first meeting of the Joint Transition Programme Group (JTPG) was held on 9 August. This group reports directly to the Joint Transition Board and is chaired by the Transition Programme Director, Alison Phillips.

The JTPG supported the view that decisions about the application of TUPE and All Wales NHS Organisational Change Policy will be managed through the People work stream and not by individual service areas or functions.

A summary of all the work streams leads is set out in **Appendix 5**.

## **4. Recommendations**

Members are asked to:

- **Note** the report; and
- **Approve** the service transfer proposal



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										
Agreement by the Health Board on the enclosed service transfer is required for the Transition Programme to progress with greater certainty to the assessment and testing of financial implications. While these financial implications have not yet been fully quantified, work is underway to determine the financial risks and how they may be mitigated.										
Legal Implications (including equality and diversity assessment)										
Ensuring the Board is 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.										
Staffing Implications										
As outlined in the report.										
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015 - <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a> )										
The responsibility for providing clinical services is aligned with the long-term vision of the health board.										
Report History		Regular updates in relation to the transition are provided to the board.								
Appendices		Appendix one – workforce transfer process; Appendix two – clinical services transfer list; Appendix three – non-clinical services list; Appendix four – corporate services list; Appendix five – workstream leads.								



## WORKFORCE TRANSFER PROCESS

- 1) All services which are provided for the population of Bridgend will transfer to Cwm Taf UHB unless it is jointly agreed that a specific service will remain with ABM UHB for an agreed and specified period.
- 2) Decisions about the application of TUPE and Organisational Change will be taken by and managed through the Workforce Workstream and **NOT** by individual service areas or functions.

When and where there is a requirement for engagement collectively and/or individually through one-to-ones etc. this will involve the relevant local service managers and (when required) workforce staff but will be co-ordinated and administered by the Workforce Workstream. This will be done in partnership with trade union partners.

- 3) Decisions about whether or not staff will transfer, whether a group, or an individual, **will not** determine whether or not a service will transfer. The workforce issues are the secondary decision which will be considered **AFTER** it has been agreed which services will transfer.
- 4) **Where it has been agreed that a service will transfer**, an assessment under TUPE of whether or not individual(s) will transfer will be based on:
  - The proportion of their work which is undertaken for the Bridgend population **regardless of where this work is carried out or where they are based**.

For example, an individual may be based in Morriston, work predominantly or solely in Morriston or Neath Port Talbot but undertake the majority of their work for the Bridgend population. In these circumstances the staff **will** transfer.

Alternatively, an individual may be based in Princess of Wales or the Bridgend locality, and work from there, but provide the majority of their work for the Neath Port Talbot or Swansea population. In these circumstances the staff **will not** transfer.

- Where the proportion of work undertaken by an individual for the population of Bridgend exceeds 50%, the individual **will** transfer employer.

Where an individual undertakes more than 50% of their role for Bridgend but this is not the entirety of their role/job plan, decisions about individual job plans/roles will be discussed and agreed during one-to-ones with ABM/Cwm Taf UHB colleagues within the context of the overall transfer of staff within each function/specialty. This will be undertaken during the engagement phase leading up to the transfer but will not affect an individual's right/requirement to transfer.

- Where an individual provides less than 50% of their work for the population of Bridgend, they **will not** automatically transfer employer. However, the proportion of their work undertaken for the Bridgend population will transfer. There will need to be further assessment with ABM UHB colleagues to determine the implications for individuals' future working arrangements. Decisions about changes to individual job plans/roles will be discussed and agreed during one-to-ones in the context of the overall workforce within each function/specialty. This will all be conducted in line with the principals of OCP.
- Where there is a group of staff or a service providing a service for the population of Bridgend where no individuals meet the 50% threshold, the proportion of their work undertaken for the Bridgend population will transfer. An organisational change process jointly agreed by both organisations and their staffside colleagues will be utilised to determine which staff will transfer/remain.
- Where it is agreed that:
  - a) responsibility for commissioning a specific service will transfer, and
  - b) that the service should transfer

it is possible that in subsequent assessment regarding the workforce, it is jointly agreed that:

  - a) either the fragility of the service, or
  - b) the potential for destabilising the existing service in either organisation

may mean that it is in neither parties' interests to transfer the service at the current time. The decision may be made jointly that a service will not transfer but will be provided through some form of SLA. Under these circumstances the staff may transfer and provide services under SLA or may remain in ABM UHB until the service transfers. Under these circumstances staff would then transfer at a later date.

5) We have developed the following **Rules of Engagement** for use during the transfer period:

- Managers will not engage in discussions with staff regarding the determination of whether TUPE applies to their post or not, all decisions regarding TUPE transfers will be managed by the workforce function, in partnership with managers. This process will formally commence in September following the publication of the workforce consultation document.
- In those service areas impacted by the boundary and service change the focus of staff's jobs and portfolios should not be changed without good reason in the period up to and including transfer. During this period any re-bandings, acting-up arrangements, redeployments and secondments will only be authorised by exception only and will need the agreement of senior workforce staff. This arrangement will support and protect staff and management teams that may be affected as a result of the transfer.
- Any current or new requests for redeployment of staff in service areas which will transfer should be considered by both ABM and Cwm Taf UHBs in the period leading up to the transfer.
- In those service areas impacted by the boundary and service change, vacancies are subject to the agreed joint vacancy control protocol, including staff redeployments. This process will be co-ordinated by the joint workforce transition team. This protocol will be sent out under separate cover.
- Both Health Boards will monitor job evaluation activity and will agree a joint process for job evaluation to ensure that the interests of staff affected by the transfer are protected.

- Voluntary Early Release (VER) is not available to staff from either Health Board as part of this process in the period up to and including transfer of services. Existing arrangements for VER remain in place and will be adhered to.
- Any pay and/or terms and conditions harmonisation issues will be managed by Cwm Taf in partnership with trade union colleagues **AFTER** the date of transfer, i.e. 1/4/19.
- As the transfer progresses, it may be necessary to update these assumptions periodically, which will be done in partnership with trade union partners.

**August 2018**

**Clinial Service Transfer - APPENDIX 2**

		Column 1	Column 2	Column 3
Ref.	Service	Service to transfer to CTUHB by 31/3/2019	Service to transfer to CTUHB - SLA back to ABMU from 1/4/2019	Service to remain delivered by ABMU - SLA back to CTUHB from 1/4/2019
1	Speech and Language Therapy (SALT)(generic)	✓		
2	Acute Clinical Team	✓		
3	Community Resource Team	✓		
4	Anticipatory care	✓		
5	Dementia support workers	✓		
6	16 General Medical Services Contracts in three "clusters"	✓		
7	23 General Dental Services contracts and orthodontic provision	✓		
8	Pulmonary rehabilitation		✓	
9	33 Community Pharmacy contracts	✓		
10	20 optometrist contracts	✓		
11	111 service			✓
12	Primary care vasectomy service		✓	
13	Local audiology service	✓		
14	Flying start Health Visitors and Children's Nursing Service core safeguarding children	✓		
15	School Nursing	✓		
16	Looked after Children	✓		
17	Children with Disabilities Team	✓		
18	Sexual Health Service	✓		
19	Maesteg Hospital	✓		
20	Wound Care Service	✓		
21	District Nursing	✓		
22	Health Visiting	✓		
23	SALT – videofluoroscopy (paeds)			✓
24	SALT – adult videofluoroscopy		✓	
25	SALT – adult Stroke service		✓	
26	SALT – fibre optic nasendoscopic evaluation of swallowing (FEES Service)	✓		
27	SALT – hearing impairment (paeds)	✓		
28	Community Dentistry	✓		
29	Cochlear Implant Programme	✓		
30	Private clinic/outpatient facilities	✓		
31	Neurology			✓
32	Renal			✓
33	Emergency and planned surgery (General Surgery)		✓	
34	Palliative Medicine – Y Bwthyn Newydd		✓	
35	Stroke Services		✓	
36	Cardiology		✓	
37	Cardiac physiology		✓	
38	Dermatology		✓	
39	Neonatal unit		✓	
40	Diagnostic Services - Radiology		✓	
41	Trauma and Orthopaedics		✓	
42	Ophthalmology		✓	
43	Endoscopy		✓	
44	Anaesthetics		✓	
45	Paediatrics	✓		
46	Mortuary	✓		
47	Care of the Elderly	✓		
48	Intensive Care/ High Dependency	✓		
49	Midwifery Service (generic)	✓		
50	General Medicine	✓		
51	Diabetes & endocrinology	✓		
52	Emergency & Acute Medicine	✓		
53	Gastroenterology	✓		
54	Upper GI Cancer Surgery			✓
55	Vascular services			✓
56	Cellular pathology / cytology / histology / Immunohistochemistry			✓

**Clinial Service Transfer - APPENDIX 2**

<b>Ref.</b>	<b>Service</b>	<b>Service to transfer to CTUHB by 31/3/2019</b>	<b>Service to transfer to CTUHB - SLA back to ABMU from 1/4/2019</b>	<b>Service to remain delivered by ABMU - SLA back to CTUHB from 1/4/2019</b>
57	Microbiology			✓
58	Cows Milk Protein Allergy service / FODMAP			✓
59	Clinical Haematology			✓
60	Pharmacy (generic)	✓		
61	Pharmacy - Medicines information & training		✓	
62	Pharmacy - aseptic/WAST supplies/homecare/medical gas testing			✓
63	Orthoptic service		✓	
64	Physiotherapy Services (adults)	✓		
65	Physiotherapy Services (paeds)	✓		
66	Occupational Therapy Services (adults)	✓		
67	Nutrition & Dietetic Services (generic)	✓		
68	Rapid Access Diagnostic Centre			✓
69	Calon Lan Ward NPT Hospital			✓
70	First Episode Psychosis			✓
71	Veterans			✓
72	Community mental health teams	✓		
73	Adult mental health services delivered at POWH	✓		
74	Older adult mental health services delivered at POWH and Glanrhyd Hospital	✓		
75	Perinatal Response and Management Service	✓		
76	Electroconvulsive therapy			✓
77	Psychiatric Liaison Service	✓		
78	Musculoskeletal Clinical Assessment Service	✓		
79	GP OoH			✓
80	Diabetes patient education service	✓		
81	Community Continence Service	✓		
82	Rheumatology		✓	
83	Oral and maxillofacial Surgery		✓	
84	Upper gastrointestinal Surgery	✓		
85	Pathology services – rapid response for urgent assessment / ward blood samples / reception / phlebotomy and Outpatient Dept. and primary care blood samples for Bridgend area	✓		
86	Blood Borne virus service	✓		
87	Point of Care Testing	✓		
88	Hospital Sterilisation and Decontamination Unit			
89	Forensic services - low and medium secure			✓
90	Forensic services - rehabilitation		✓	
91	Inpatient Psychology	✓		
92	Attention deficit/hyperactivity disorder (ADHD) and Autistic spectrum disorder (ASD)	✓		
93	Psychiatric Intensive Care Unit (PICU)		✓	
94	Community Drug and Alcohol Team/Substance Misuse	✓		
95	Funded Nursing Care and Continuing Healthcare team (MH and children)		✓	
96	Funded Nursing Care and Continuing Healthcare team (adult)	✓		
97	Chronic Pain			✓
98	Special Care and Restorative Dentistry services delivered under a General Anaesthetic		✓	
99	Practice nurse facilitation	✓		
100	Podiatry - community	✓		
101	Podiatry - Walk in NPT			✓
102	Cardiac Rehab		✓	
103	Cardiology GPwSI - GP with Special interest	✓		
104	Bridgend Heart failure service	✓		
105	Orthotics			✓
106	SALT input into Youth Offending Team	✓		
107	Gynaecology		✓	
108	Gynae-oncology			✓
109	Hysteroscopy services			✓
110	Tissue Viability service	✓		
111	Obstetrics/maternity services (NPT)			✓
112	Obstetrics/maternity services	✓		



**Clinial Service Transfer - APPENDIX 2**

<b>Ref.</b>	<b>Service</b>	<b>Service to transfer to CTUHB by 31/3/2019</b>	<b>Service to transfer to CTUHB - SLA back to ABMU from 1/4/2019</b>	<b>Service to remain delivered by ABMU - SLA back to CTUHB from 1/4/2019</b>
113	Nuclear Medicine			✓
114	Rehab engineering			✓
115	Radiation Protection			✓
116	Medical equipment mgmt. service	✓		
117	Medical device training and ventilation maintenance			✓
118	Occupational Therapy Services (paeds)	✓		
119	Nutrition Skills for Life Team			✓
120	Paediatric Ophthalmology		✓	
121	Home Enteral feeding contract		✓	
122	Early onset dementia			✓
123	OT Workers Project	✓		
124	Dechrau Newydd			✓
125	Public Health Screening	✓		
126	SALT - Ysgol Bryn Castell	✓		
127	Acute oncology	✓		
128	Acute Pain		✓	
129	Cancer Multi Disciplinary Team support	✓		
130	Pre-assessment service		✓	
131	Anti-coagulations	✓		
132	Respiratory	✓		
133	Theatres	✓		
134	Urology	✓		
135	Ear, Nose & Throat		✓	
136	Neuro-Physiology			✓
137	Breast Services		✓	

## **APPENDIX 3**

### **NON-CLINICAL SUPPORT SERVICES**

1. Car parking
2. Catering
3. Chaplaincy and spiritual care
4. Clinical Audit and effectiveness
5. General office
6. Hospital Estates
7. Hotel/Domestic/Caretaking Services
8. Infection prevention and control
9. Knowledge and library services
10. Laundry
11. Medical Records
12. Occupational health
13. Operational ICT
14. Out patients
15. Patient experience
16. Portering
17. Primary Care & Community estates
18. Reception
19. Security
20. Staff residence
21. Switchboard
22. Transport/Fleet Transport
23. Volunteers

## APPENDIX 4

### CORPORATE SERVICES

1. A Regional Collaboration for Health (ARCH)
2. Appraisal and Revalidation
3. Clinical Audit and effectiveness
4. Corporate Services
5. Emergency preparedness
6. Finance
7. Fire Safety
8. Health and safety
9. ICT/Clinical Coding/Data Quality/Information Governance
10. Integrated Medium Term Plan
11. Medical Illustration
12. Multi Professional Education Centre
13. Nurse Bank
14. Nurse Education
15. Partnerships
16. Patient Care and Safety
17. Performance
18. Planning
19. Research and Development
20. Safeguarding
21. Strategy
22. Training
23. Value based health care
24. Workforce and Organisational Development
25. Workforce E-Systems

## APPENDIX 5

### TRANSITION PROGRAMME WORK STREAMS

Work Streams	Leads	
	ABMU	CTUHB
Executive Leads	Sian Harrop-Griffiths	Ruth Treharne
Capital and Estates	Des Keighan	Tim Burns
Clinical Services <sup>1</sup>	Jamie Marchant Martin Bevan Chris White	Ruth Alcolado Kath McGrath
Commissioning and Contracting	Darren Griffiths	Julie Keegan
Facilities	Joanne Jones	Russell Hoare
Finance	Lynne Hamilton	Steve Webster
Governance & Communications	Pam Wenger	Robert Williams
ICT	Matt John	Karen Winder
Informatics	Matt John	Alan Roderick
Partnerships	Sue Cooper (Bridgend CBC)	
Performance	Darren Griffiths	Alan Roderick
Quality and Patient Safety	Gareth Howells	Angela Hopkins
Workforce	Hazel Robinson	Jo Davies

<sup>1</sup> This group will draw on the knowledge and expertise of other clinical and service leads within both organisations, but it is anticipated these will be the main leads.