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Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



<b>Meeting Date</b>	<b>31 January 2019</b>	<b>Agenda Item</b>	<b>4.1</b>
<b>Report Title</b>	<b>Bridgend Boundary Change Update</b>		
<b>Report Author</b>	Hannah Evans, Director of Transformation and Alison Phillips, Transition Programme Director		
<b>Report Sponsor</b>	Hannah Evans, Director of Transformation		
<b>Presented by</b>	Hannah Evans, Director of Transformation		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	<p>The purpose of this report is to set out the supporting information to the letter of assurance required by the Welsh Government from both Abertawe Bro Morgannwg University Health Board (ABM UHB) and Cwm Taf University Health Board (CT UHB).</p> <p>A letter of assurance is required before the Boundary Change Order can be laid by the Welsh Government with the National Assembly for Wales. The letter needs to provide assurance on the readiness of both the Health Boards to transfer responsibility for the commissioning and provision of services for the population of Bridgend County Borough Council.</p> <p>The respective letters of assurance and this covering paper will be considered by both the Health Boards at their respective meetings on 30 January and 31 January.</p>		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>- Bridgend Boundary change will be effective as at 1 April, much progress made across the workstreams.</li> <li>- The Welsh Government needs to lay the Transfer and Boundary Change orders by mid-February in order for boundary change to be legally enacted effective 1 April</li> <li>- In order to enable this, a letter of assurance from both Health Boards is required.</li> <li>- This paper summaries the key areas of progress which underpin the assessment of readiness for transition</li> <li>- The Board is asked to approve the schedule of estates transfer</li> <li>- The Minister for Health and Social Care has, via written statement on 16 January, agreed the preferred name change for both Health Boards</li> </ul>		

Specific Action Required (please ✓ one only)	Information	Discussion	Assurance	Approval
				✓
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report and supporting information;</li> <li>• <b>APPROVE</b> the relevant letter of assurance in Appendix A;</li> <li>• <b>NOTE</b> the further work planned; and</li> <li>• <b>APPROVE</b> the property transfer listing in Appendix C.</li> </ul>			

## **BRIDGEND BOUNDARY CHANGE**

### **Transition Programme Update and Letter of Assurance**

#### **1. INTRODUCTION**

The purpose of this report is to set out the supporting information to the letter of assurance required by the Welsh Government for from both Abertawe Bro Morgannwg University Health Board (ABM UHB) and Cwm Taf University Health Board (CT UHB).

A letter of assurance is required before the Boundary Change Order can be laid by the Welsh Government with the National Assembly for Wales. The letter needs to provide assurance on the readiness of both the Health Boards to transfer responsibility for the commissioning and provision of services for the population of Bridgend County Borough Council.

The supporting information and letter of assurance was discussed and considered as a draft by the Joint Transition Board (JTB) on 22 January 2019.

#### **2. BACKGROUND**

The Minister for Health and Social Services announced on 14 June 2018 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 ABM UHB to CT UHB.

As agreed by both the 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. The JTB has met monthly during 2018-19 and received regular updates via the Transition Director on the programme of work from the Joint Transition Programme Group (JTPG). The programme of work has been taken forward by a number of work streams that report into the JTPG, each jointly chaired by representatives of ABM UHB and CT UHB. The JTPG has met monthly during 2018-19.

A scheme of delegation has been approved by both the Health Boards and sets out those decisions that can be taken by the JTB. The letter of assurance is not a delegated matter and requires the approval of the two Health Boards.

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

##### **3.1 Legislative timeline**

In order to enact the decision by Welsh Government to implement the boundary change there is a legal requirement to lay a Boundary Change Order and Transfer Order before the National Assembly for Wales.

The Boundary Change Order is scheduled to be laid between 4 February and 14 February. The intention is then that this is followed by the Transfer Order between 22 February and 8 March.

The commencement date will be 1 April 2019.

A letter of assurance is required from both the Health Boards before the Boundary Change Order can be laid by the Welsh Government with the National Assembly for Wales. The proposed letter of assurance is included as **Appendix Ai ABM UHB Letter of Assurance** and **Appendix Aii CT UHB Letter of Assurance**.

### **3.2 Name change**

The Minister wrote to the Chairs of the ABM UHB and CTUHB on the 16 October 2018 and requested that each health board engage appropriately with stakeholders that may have an interest in the proposed new name of each organisation and to provide a formal response to Welsh Government outlining a single preference for each health board based on the outcome of the engagement exercise.

A summary of the engagement process indicating how the preferred names were determined and a narrative synopsis of the discussion points with stakeholders was provided to the Minister in early December 2018.

The Minister for Health and Social Services has considered the proposed names and is content to move forward with the preferences put forward by each health board, and intends to amend the names as part of the legislative changes an announcement was made to this effect on 16 January 2019.

### **3.3 Key Principles**

The JTB approved the following key principles in June 2018 which have underpinned the work of the Transition Programme and formed the basis by which ABM UHB and CT UHB have, and will continue to, 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 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 ABM 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>1</sup> will transfer in its entirety to CT 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 CT 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 ABM 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.

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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 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.

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.

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

### **3.4 Clinical services transfer**

Colleagues across both the Health Boards have worked closely together, to identify all clinical services that fall within the scope of the transfer, working through every identified service, applying the key principles set out above. Both Health Boards agreed in August 2018 an initial proposal on the future service provider arrangement.

A small number of additional services were subsequently found to have been omitted from the original schedule and the Clinical Services work stream has proposed a future service provider arrangement for those areas.

When presented to the Health Boards in August, it was highlighted that in the event that after further work, there was a legitimate and jointly agreed issue e.g. a technical issue, that meant the service was unlikely to transfer by 1 April 2019, a transitional Service Level Agreement (SLA) would be put in place. In only a small number of service areas, insufficient time to carry out the transfer by 1 April 2019 without detriment to quality and patient safety has resulted in the advice to postpone the transfer that was initially agreed. For other services it has been agreed that further joint planning work is required to test out options for future service provision.

A plan of action with a timeline for the transfer to take place after April 2019 will be completed before 31 March 2019 and form part of the legacy handover statement.

The revised proposal, including the additional services, was considered by both Health Board Chief Executives and then also the JTB in December 2018 and was approved through Chairs' action in January 2019. There were no areas of disagreement that would require the Welsh Government to resolve.

The outcome of clinical services to transfer as at 1 April 2019 is set out in the updated schedule in **Appendix B**.

### **3.5 Property to transfer**

The Capital and Estates work stream has prepared a schedule of properties to transfer and this was considered and endorsed by the JTB in November 2018. It has been approved by the ABMU Executive Board.

This listing of properties to transfer included in **Appendix C** will be included as part of the Transfer Order. The listing of properties to transfer needs to be approved by both Health Boards in accordance with the Scheme of Delegation approved to support the Bridgend Transition Programme.

The Capital and Estates work stream is making the necessary legal changes to ownership and where applicable amendments to lease agreements.

An independent four-facet condition survey (physical condition, functional suitability, space utilisation and statutory compliance) has been commissioned by the work stream which will be completed before 1 April 2019. This will help inform back-log maintenance and future investment strategies for both Health Boards.

The Capital and Estates work stream has also prepared a register of all capital projects in four keys stages:

- I. Projects at feasibility stage where initial drawings and designs are being developed.
- II. Projects at formal Business Case or construction stage – where there is capital funding in place and either fees and design works or construction works costs are being incurred or will be incurred by 31 March 2019.
- III. Projects that have completed between 2017-19 – where defects periods may still be in place and possible financial retentions are being held.
- IV. Completed projects in latent defects stage, post stage 3 and up to 12 years post completion.

The capital projects register and listing of completed projects still within latent defects periods was considered by the JTB in December 2018.

### **3.6 Informatics.**

It has been agreed with the through a joint executive meeting and the JTB that there will be an SLA agreement in place between both Health Boards from 1 April 2019 to ensure a safe transition of all ICT systems and supporting infrastructure. In practice this means that ABM UHB will continue to provide ICT services to Bridgend sites and services from 1 April 2019. The SLA, whilst not yet complete is well progressed in its development.

Although most systems are not changing on 1 April, a test environment has been created whereby the work stream is working with members of different categories of staff to ensure continued access to systems and records.

A longer-term disaggregation plan is required to support further work, beyond April 2019. Work has already begun on this, and key milestones and an assessment of additional resources including capital funding requirements form part of this process. NWIS and the Welsh Government are engaged in the development of this plan.

It is envisaged that when considering major systems such as the Welsh Patient Administration System (WPAS), a minimum nine-month project is required to manage a safe changeover and disaggregation. The timeline to support the future changeover and disaggregation of ICT systems will be a key driver to the future transfer of some clinical services.

Both Health Boards will continue receive updates on progress with the longer term ICT proposals.

In terms of performance reporting, leading up to 1 April 2019, each health board will continue to provide reports as per its statutory obligation, whilst developing the capacity and capability to provide reports to reflect the new boundaries. Shadow performance reporting will be incrementally provided to each health board during Quarter 4 of 2018-19 in readiness for the full change from 1 April 2019.

### **3.7 Partnership arrangements**

Bridgend County Borough Council (BCBC) is working with the other Local Authorities and other regional partners to achieve a collective recommendation on those partnership services that need to transfer to new arrangements and the timeframe for this.. For a small number of schemes and projects the proposed transfer date is April 2020.

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.

A number of the required dates for providing approval fall into Quarter four of 2018-19. Achieving the approvals required is dependent on the strength of good working relationships across all partners. It is important that there is proactive engagement with all partners and that discussions are transparent and information shared is timely and accurate.

### **3.8 Charitable Funds**

The Finance workstream has worked through the charitable funds and the majority are clearly identifiable to the services transferring. There are some remaining queries where a small number of funds may need to be split and meetings are scheduled with the relevant fund managers to enable agreement to be reached.

Regular updates have been provided to the ABM UHB Charitable Funds Committee which will sign off the list of funds to be transferred on behalf of the ABM UHB Trustees at the March meeting. The balances transferring will be the fund balances as at 31 March 2019.

The Charities Commission has also been made aware of the potential name change for both organisations.

### **3.9 Handling of claims and actions**

The overarching principle likely to be included in the Transfer Order is that associated assets and liabilities will transfer, reflecting the responsibility for services that are transferring. This would imply therefore that associated claims and actions would also transfer.

The majority of assets and liabilities which will form part of the balance sheet as at 31 March 2019 are able to be disaggregated and the methodology will be agreed by the Finance Workstream. Whilst this is no easy task in terms of additional demands on finance teams at the financial year end, most are straightforward and these will be agreed through the Finance Workstream. There are, however, a small number of



assets and liabilities where greater consideration has been given as to whether it is practical or pragmatic to follow the principle that the asset and/or liability must transfer. These include:

- Clinical negligence and personal injury provisions and associated Welsh Risk Pool Debtor;
- Retrospective Continuing Healthcare (CHC) provisions and contingent liabilities.

The Governance, Quality & Patient Safety and Finance work streams have all considered the risks and issues associated with retaining and also disaggregating these claims and transferring them from 1 April 2019. A pragmatic solution has been agreed by the Chief Executives, that the historic claims recorded before 31 March 2019 will not transfer but that claims recorded after 1 April 2019 should transfer, and that this exception will be set out in the Transfer Order. Any new claims, not previously recorded before 1 April 2019 relating to the population of Bridgend will be picked up by CT UHB.

This was considered by the JTB in December, and, following challenge, further assurance was sought from the Welsh Government that ABM UHB would have the legal authority to continue to manage and make payments in relation to historic claims relating to the population of Bridgend. This has been confirmed by the Welsh Government and no additional issues were raised by WAO.

Separately then, the principles associated with transfers of any liabilities for employment claims are provided for under TUPE Regulations. The transfer means that CT UHB takes over all “rights and obligations” arising from the contracts of employment of those transferring. That effectively means that CT UHB will take on liability for any issues which come across as part of the Employee Liability Information (often referred to as the Due Diligence Information), which includes:

- disciplinary procedures taken against an employee and grievances procedure taken by an employee; and
- within the previous two years, in circumstances where the Employment Act 2002 (Dispute Resolution) Regulations 2004 apply any court or tribunal case, claim or action
  - brought by an employee against the transferor, within the previous two years;
  - that the transferor has reasonable grounds to believe that an employee may bring against the transferee, arising out of the employee’s employment with the transferor.

### **3.10 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 was shared with both Health Boards in August 2018 in advance of the commencement of the staff consultation in September 2018.

The process of transferring identified services and the staff affected is led by the requirements under the TUPE as amended by the Collection Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014 and those laid out in the All Wales Organisational Change Policy (OCP).

The transfer of staff will be managed in three stages which is summarised below:

Stage 1 (known as TUPE)	<p>This applies to all staff who work in services transferring to CT UHB and spend more than 50% of their time providing services for the population of Bridgend.</p> <p>Over 3000 TUPE letters have been issued to date.. The letter sets out how the transfer will directly affect individuals and how the TUPE process will operate.</p>
<p>Insufficient members of staff have been identified at the appropriate skill mix and staffing levels to enable ABM UHB and CT UHB to operate services safely, post transfer date, and we have commenced Stages 2 and 3 of the agreed process.</p>	
Stage 2 Volunteer staff members (self-selected)	<p>During January engagement sessions have taken place with service, workforce and staff representatives from both organisations to discuss the option for staff to transfer to CT UHB. A decision-making panel will then convene to assess requests from staff to transfer. There will be no detriment to staff as a result of having volunteered to transfer.</p>
Stage 3 – selecting staff via an Organisational Change process	<p>If there are insufficient numbers of suitable volunteers, the panel will move automatically to Stage 3. The criteria for OCP selection will be:</p> <ul style="list-style-type: none"> <li>• Clinical and service need – for delivery in both ABM UHB and CT UHB.</li> <li>• Skill set (including knowledge, skills, experience and qualifications to deliver the service to meet patient need).</li> <li>• Band/grade and role.</li> <li>• Flexible working requirements (including hours of work).</li> <li>• Geography (including where the member of staff lives &amp; travel time).</li> </ul> <p>It will be necessary to take into consideration any personal circumstances when considering whether an employee would transfer. In addition, due regard to be given to any requirement to make reasonable adjustments in accordance with the Equality Act (2010).</p>

All staff who transfer to CT UHB under Stages 1, 2 and 3 will do so under the principles of TUPE and therefore any statutory employment rights which are dependent on length of service, will count in employment with the incoming organisation CT UHB. Welcome letters to staff will be sent from CT UHB from February onwards.

Where the intention is for services to transfer to CT UHB after 1 April 2019, then an agreed workforce process will support those staff who will transfer at that future point in time.

Both organisations will continue to work together to mitigate any future risks to workforce affected by the transfer, where it makes sense to do so, and in the interests of patient care and business need.

### **3.11 Financial implications**

Both Directors of Finance have attended the Joint Transition Board meetings in August and December, on behalf of the finance workstream, to set out and discuss the approach to assessment and management of the financial implications of the boundary change. The level of accuracy is predicated on the need to make decisions based on estimates and forecast figures for 2018-19, as the final outturn position will not be known until after 1 April 2019.

The accuracy of the cost and budgetary assessment will improve as further work is completed through to March, and updates will be provided to the Health Board and relevant sub committees. Both organisations have agreed actions to reduce the margin of error in the financial impact assessment, including meeting with key service managers to advise on the split of existing cost centre budgets.

Both Health Boards are committed to the principle to work together and with Welsh Government to ensure that neither population nor organisation is disadvantaged by the operational or financial consequences of the changes. It is clear that transitional financial support for a defined period will be required from the Welsh Government to cover the gap between the resource allocation to the Health Boards and the costs that ABM UHB can safely and practicably release in both clinical and corporate services. The amount of transitional support for both Health Boards will be different as may the period of time requiring the support.

Positive discussions have been held with the Welsh Government throughout the programme of work to achieve this aim. These discussions will continue through until the end of the financial year, and indeed through to the confirmation of financial balances in the audited annual accounts for 2018-19.

### **3.12 Quality and Patient Safety**

The Quality and Patient Safety work stream provided the JTB with an update on the scope and progress with their work in January 2019. The work has been taken forward under six key area to provide the required assurances:

- Audit and effectiveness
- Safeguarding
- Infection Prevention and Control
- Concerns
- Quality Improvement
- Clinical policies

The work stream will prepare a handover report that sets out a transparent understanding of existing concerns relating Quality and patient safety and equally set out good practice achievements that should not be lost as a result of the transfer.

### **3.13 Next steps and further work**

The letter of assurance is required in order that the Boundary Change Order can be laid, but this does not mark the end of the programme of work. The remaining aspects of the programme work to be undertaken before 1 April 2019 will continue to report through to the JTB, and the Board during February and March 2019.

All work streams continue to work through the resolution and management of remaining tasks and issues. The final phase of work is heavily weighted on the completion of the service level agreements between both organisations, now that the proposed service delivery models have been agreed. The SLAs will be signed off and approved through the standard Health Board scheme of delegation, this is not delegated to the JTB.

As part of the transfer of responsibility a final handover statement will be prepared and signed off by the JTB. That statement will record all work completed as part of the programme and set out a plan of action to manage all residual risks by individual work streams and record all further work agreed to be completed beyond 1 April 2019.

Provisionally, dates for the JTB in its current form and function have been arranged for April and June 2019 to allow for consideration and resolution of any important residual matters. Consideration of future joint programme arrangements will form part of the remaining work and an update provided to the Health Board in the March meeting. Once the form and function of the future joint programme arrangements are agreed they will need to pick up the residual risks and actions set out in the hand over statement to ensure continuity.

## **4 RECOMMENDATIONS**

Members are asked to :

- **NOTE** the report and supporting information;
- **APPROVE** the relevant letter of assurance in Appendix A;
- **NOTE** the further work planned; and
- **APPROVE** the property transfer listing in Appendix C.

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 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.										
Work to quantify any short or longer term financial risks is being progressed as part of the programme.										
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.										
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										
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 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> )										
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		Appendix A Letters of Assurance Appendix B Clinical Services Appendix C Property to Transfer								



January 2019

Dear Minister

### **Letter of assurance concerning Bridgend Boundary Change**

I am writing on behalf of Abertawe Bro Morgannwg University Health Board (ABM UHB) to provide assurance to you on the readiness of our organisation to transfer responsibility for providing healthcare services for the people in the Bridgend County Borough Council (BCBC) area to Cwm Taf University Health Board (CT UHB) with effect from 1 April 2019.

The Board agreed this letter of assurance on 31 January 2019, at its Health Board meeting along with consideration of a summary of the key aspects of the transfer in the report enclosed with this letter.

As agreed by both Health Boards, a Joint Transition Board (JTB) was established as a sub-committee of each Health Board, meeting monthly to oversee the programme of work required to implement the boundary change. The JTB has provided advice and assurance on the readiness to transfer responsibility for commissioning and providing services. This letter and enclosed report have therefore, also been considered by the JTB which includes representation from BCBC, Wales Audit Office (WAO) as an observer and critical friend and representatives from the Welsh Government.

We have managed the planning of the transfer through a partnership approach guided by a set of key principles agreed at the beginning of the programme of work in June 2018. These principles have formed the basis by which ABM UHB and CT UHB have, and will continue to, hold ourselves to account for the delivery of the required changes. They are set in the context of a shared commitment to maximise the opportunity to improve the health and wellbeing of the entire population served by both organisations. This commitment and partnership approach will extend beyond the date of the boundary change on 1 April 2019.

It is important to acknowledge that our staff are a vital asset in everything we do for our populations. Inevitably this boundary change has created an unsettling time for staff, which we have aimed to manage in an open, transparent and timely manner. We would want to note our appreciation for their patience, professionalism and dedication to working with us to carry out the work required for the transfer whilst continuing to provide quality care to our patients. Equally our trade union partners have worked in partnership with us to provide support, advice and guidance to our staff. Their involvement at the JTB, and within individual work streams of the programme has been essential and valued.

The transfer of responsibility for commissioning and providing healthcare services, whilst referred to as an administrative change, is nonetheless

inherently complex, and has required substantial work to disaggregate assets, liabilities, operating and reporting systems, existing staff teams and management structures. It will also require still, the introduction of new ways of working for all our staff and further joint partnership working beyond 1 April 2019.

We have been clear that this boundary change should not directly impact on patient flows. Our engagement with and communication to local populations has been clear that patients will continue to access services from the hospital or community-based resources that they currently do. That is not to say that services will remain unchanged in the future, as changes to the way in which we deliver services may be necessary to safeguard patient safety and improve quality, but in that event, we or CT UHB would engage with local populations and our community health councils to discuss and shape proposals together, in the usual way.

The remaining aspects of work to be undertaken before 1 April 2019 will continue to report through to the JTB during February and March 2019. As part of the transfer of responsibility a final handover statement will be prepared and signed off by the JTB. That statement will record all work completed as part of the programme and set out a plan of action to manage residual risks and further work required beyond 1 April 2019. The key areas to note where further work will be required in future years includes:

- Provision of clinical services

Both organisations have agreed a schedule of clinical services to transfer included in the enclosed report. In some circumstances it has been agreed that the service will remain provided by ABM UHB and commissioned by CT UHB through a service level agreement (SLA). In most instances this decision has been taken where it has been advised by our clinicians and service managers, that it is not possible due to time constraints, to safely disaggregate the services by 1 April 2019. For other services it has been agreed that further joint planning work is required to test out options for future service provision.

An action plan, with a revised timeline for transfers to still take place after 1 April 2019 will be developed and agreed as part of remaining work in February and March.

- ICT systems

It has been agreed that there will be an SLA agreement in place between both Health Boards from 1 April 2019 to ensure a safe transition of all ICT systems and supporting infrastructure. In practice this means that ABM UHB will continue to provide ICT services to Bridgend sites from 1 April 2019.



A longer-term change over and disaggregation plan is required to support further work, beyond April 2019. Work has already begun on this, and key milestones and an assessment of additional resources including revenue and capital funding requirements form part of this process. NWIS and the Welsh Government are engaged in the development of this plan.

Both Health Boards have, and will continue to work together and with the Welsh Government to ensure that neither population nor organisation is disadvantaged by the operational or financial consequences of the changes.

Welsh Government officials have committed to supporting both organisations to achieve this aim; to ensure that clinical, non-clinical and corporate services can continue to be provided without detriment to patient safety, quality or performance. The potential quantum and period of time over which any transitional financial support may be required has been discussed with members of the Health Board and continues to be discussed with the Welsh Government. Work will continue to confirm the position through to the end of the financial year end and to the confirmation of financial balances in the audited annual accounts for 2018-19. Final agreement of transitional support will need to be confirmed alongside the Integrated Medium Term Plan (IMTP) for 2019-20 and future years.

We have worked positively with Welsh Government officials to provide the required information to support the Boundary Change Order and I welcome their support in planning this change and will continue to work closely with the Welsh Government officials in the preparation of the Transfer Order.

<insert personal sign off>

Andrew Davies

Chair, Abertawe Bro Morgannwg University Health Board

January 2019

Dear Minister

**Letter of assurance concerning Bridgend Boundary Change**

I am writing on behalf of Cwm Taf University Health Board (CT UHB) to provide assurance to you on the readiness of our organisation to become responsible for providing healthcare services for the people in the Bridgend County Borough Council (BCBC) area with effect from 1 April 2019.

The Board agreed this letter of assurance on 30 January 2019, at its Health Board meeting along with consideration of a summary of the key aspects of the transfer in the report enclosed with this letter.

As agreed by both Health Boards, a Joint Transition Board (JTB) was established as a sub-committee of each Health Board, meeting monthly to oversee the programme of work required to implement the boundary change. The JTB has provided advice and assurance on the readiness to transfer responsibility for commissioning and providing services. This letter and enclosed report have therefore, also been considered by the JTB which includes representation from BCBC, Wales Audit Office (WAO) as an observer and critical friend and representatives from the Welsh Government.

We have managed the planning of the transfer through a partnership approach guided by a set of key principles agreed at the beginning of the programme of work in June 2018. These principles have formed the basis by which ABM UHB and CT UHB have, and will continue to, hold ourselves to account for the delivery of the required changes. They are set in the context of a shared commitment to maximise the opportunity to improve the health and wellbeing of the entire population served by both organisations. This commitment and partnership approach will extend beyond the date of the boundary change on 1 April 2019.

It is important to acknowledge that our staff are a vital asset in everything we do for our populations. Inevitably this boundary change has created an unsettling time for staff, which we have aimed to manage in an open, transparent and timely manner. We would want to note our appreciation for their patience, professionalism and dedication to working with us to carry out the work required for the transfer whilst continuing to provide quality care to our patients. Equally our trade union partners have worked in partnership with us to provide support, advice and guidance to our staff. Their involvement at the JTB, and within individual work streams of the programme has been essential and valued.

The transfer of responsibility for commissioning and providing healthcare services, whilst referred to as an administrative change, is nonetheless inherently complex, and has required substantial work to disaggregate

assets, liabilities, operating and reporting systems, existing staff teams and management structures. It will also require still, the introduction of new ways of working for all our staff and further joint partnership working beyond 1 April 2019.

We have been clear that this boundary change should not directly impact on patient flows. Our engagement with and communication to local populations has been clear that patients will continue to access services from the hospital or community-based resources that they currently do. That is not to say that services will remain unchanged in the future, as changes to the way in which we deliver services may be necessary to safeguard patient safety and improve quality, but in that event, we or ABM UHB would engage with local populations and our community health councils to discuss and shape proposals together, in the usual way.

The remaining aspects of work to be undertaken before 1 April 2019 will continue to report through to the JTB during February and March 2019. As part of the transfer of responsibility a final handover statement will be prepared and signed off by the JTB. That statement will record all work completed as part of the programme and set out a plan of action to manage residual risks and further work required beyond 1 April 2019. The key areas to note where further work will be required in future years includes:

- Provision of clinical services

Both organisations have agreed a schedule of clinical services to transfer included in the enclosed report. In some circumstances it has been agreed that the service will remain provided by ABM UHB and commissioned by CT UHB through a service level agreement (SLA). In most instances this decision has been taken where it has been advised by our clinicians and service managers, that it is not possible due to time constraints, to safely disaggregate the services by 1 April 2019. For other services it has been agreed that further joint planning work is required to test out options for future service provision.

An action plan, with a revised timeline for transfers to still take place after 1 April 2019 will be developed and agreed as part of remaining work in February and March.

- ICT systems

It has been agreed that there will be an SLA agreement in place between both Health Boards from 1 April 2019 to ensure a safe transition of all ICT systems and supporting infrastructure. In practice this means that ABM UHB will continue to provide ICT services to Bridgend sites from 1 April 2019.

A longer-term change over and disaggregation plan is required to support further work, beyond April 2019. Work has already begun on this, and key milestones and an assessment of additional resources including revenue and capital funding requirements form part of this process. NWIS and the Welsh Government are engaged in the development of this plan.

Both Health Boards have, and will continue to work together and with the Welsh Government to ensure that neither population nor organisation is disadvantaged by the operational or financial consequences of the changes.

Welsh Government officials have committed to supporting both organisations to achieve this aim; to ensure that clinical, non-clinical and corporate services can continue to be provided without detriment to patient safety, quality or performance. The potential quantum and period of time over which any transitional financial support may be required has been discussed with members of the Health Board and continues to be discussed with the Welsh Government. Work will continue to confirm the position through to the end of the financial year end and to the confirmation of financial balances in the audited annual accounts for 2018-19. Final agreement of transitional support will need to be confirmed alongside the Integrated Medium Term Plan (IMTP) processes for 2019-20 and future years.

We have worked positively with Welsh Government officials to provide the required information to support the Boundary Change Order and I welcome their support in planning this change and will continue to work closely with the Welsh Government officials in the preparation of the Transfer Order.

<insert personal sign off>

Marcus Longley

Chair, Cwm Taf University Health Board

## Clinical Services Transfer List

Service Descriptor Ref No:	Service	Column 1	Column 2	Column 3	Amendments to Columns
		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			✓	C2 to C3
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			✓	C1 to C3
19	Maesteg Hospital	✓			
20	Wound Care Service	✓			
21	District Nursing	✓			
22	Health Visiting	✓			
23	SALT – videofluoroscopy (paeds)			✓	
24	SALT – adult videofluoroscopy		✓		

## Clinical Services Transfer List

Service Descriptor Ref No:	Service	Column 1	Column 2	Column 3	Amendments to Columns
		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	
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			✓	C1 to C3
47	Care of the Elderly	✓			
48	Intensive Care/ High Dependency	✓			

## Clinical Services Transfer List

Service Descriptor Ref No:	Service	Column 1	Column 2	Column 3	Amendments to Columns
		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	
49	Midwifery Service (generic)	✓			
50	General Medicine	✓			
51	Diabetes & endocrinology	✓			
52	Emergency & Acute Medicine	✓			
53	Gastroenterology	✓			
54	Upper GI Cancer Surgery		✓		C3 to C2
55	Vascular services			✓	
56	Cellular pathology / cytology / histology / Immunohistochemistry			✓	
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	✓			C3 to C1
72	Community mental health teams	✓			
73	Adult mental health services delivered at POWH	✓			

## Clinical Services Transfer List

Service Descriptor Ref No:	Service	Column 1	Column 2	Column 3	Amendments to Columns
		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	
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		✓		C1 to C2
79	GP OOH			✓	
80	Diabetes patient education service	✓			
81	Community Continence Service	✓			
82	Rheumatology		✓		
83	Oral and maxillofacial Surgery			✓	C2 to C3
84	Upper gastrointestinal Surgery		✓		C1 to C2
85	Pathology services – rapid response for urgent assessment / ward blood samples / reception / phlebotomy and Outpatient Dept. and primary care blood samples for Bridgend area			✓	C1 to C3
86	Blood Borne virus service	✓			
87	Point of Care Testing			✓	C1 to C3
88	Hospital Sterilisation and Decontamination Unit		✓		
89	Forensic services - low secure: a) Taith Newydd low secure unit			✓	
90	Forensic services – rehabilitation: a) Cefn Yr Arfon community rehabilitation unit b) Gwelfor rehabilitation unit c) Ty Gwanwyn rehabilitation unit		✓	✓ ✓	
91	Inpatient Psychology	✓			



## Clinical Services Transfer List

Service Descriptor Ref No:	Service	Column 1	Column 2	Column 3	Amendments to Columns
		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	
92	Attention deficit/hyperactivity disorder (ADHD) and Autistic spectrum disorder (ASD)			✓	C1 to C3
92a	Integrated Autism Service			✓	
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			✓	C2 to C3
99	Practice nurse facilitation	✓			
100	Podiatry - community			✓	C1 to C3
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	✓			

## Clinical Services Transfer List

Service Descriptor Ref No:	Service	Column 1	Column 2	Column 3	Amendments to Columns
		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	
113	Nuclear Medicine			✓	
114	Rehab engineering			✓	
115	Radiation Protection			✓	
116	Medical equipment mgmt. service		✓		C1 to C2
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			✓	C2 to C3
122	Early onset dementia	✓			C3 to C1
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	✓			C2 to C1
136	Neuro-Physiology			✓	
137	Breast Services		✓		

## Clinical Services Transfer List

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138	Tier 3 Eating Disorder Service (MH/LD)			✓	
139	Health Psychology	✓			
140	Lymphedema			✓	
141	Orthodontics			✓	
142	Restorative Dentistry			✓	
143	Orthodontic Laboratory			✓	
144	Dementia Training Team	✓			
145	Mental Health Family Therapy		✓		
146	Outpatients		✓		
147	Older people MH physiotherapy service	✓			
148	Criminal Justice Liaison & Prison in reach			✓	
149	Parkinson's Disease	✓			
150	Mental Health / LD Nutrition & Dietetics			✓	
151	MH & LD Training Team	✓			

## Appendix C Property to transfer

<b>Hospitals</b>	<b>Tenure</b>
Glanrhyd Hospital, Tondu Road, Bridgend CF31 4LN (Title Number WA683580)	Freehold
Maesteg Hospital, Neath Road, Maesteg CF349PW (Title Number WA69691)	Freehold
Princess of Wales Hospital, Coity Road, Bridgend CF31 1RQ (Title Numbers WA683500, WA386604, CYM 440590)	Freehold
<b>Health Centres</b>	
Bryncethin Clinic, Heol Canola, Bridgend CF32 9NU (Title Number WA683576)	Freehold
Bryntirion Clinic, Elm Crescent, Bridgend CF31 4EA (Title Number WA683609)	Freehold
North Cornelly Clinic, Heol y Parc, Bridgend CF33 4LY (Title Number WA683624)	Freehold
Ogmore Vale Clinic, Aber Road, Ogmore Vale, Bridgend CF32 7AJ (Title Number CYM16926)	Freehold
Pencoed Primary Care Centre, Min y Nant, Pencoed CF35 6YP (Title Number CYM503728)	Freehold
Quarella Road Clinic, Quarella Road, Bridgend CF31 1JS (Title Number CYM18893)	Freehold
<b>Mental Health</b>	
ARC Day Centre, 28 Quarella Road, Bridgend CF31 1JN (Title Number CYM479733)	Leasehold
71 Quarella Road, Bridgend CF31 1JS (Title Number WA683598)	Freehold
<b>Others</b>	
Celtic Court, Tremains Road, Bridgend CF31 1TZ	Leasehold
North Road stores, Bridgend Industrial estate, Bridgend CF31 3TP	Leasehold
Princess of Wales Hospital Car Park, Princess of Wales Hospital, Coity Road, Bridgend CF31 1RQ	Leasehold
Porthcawl Primary Care Centre, Mallards Reach, Porthcawl	Leasehold
Hartshorn House, Neath Road, Maesteg CF34 9EE	Leasehold