Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	26 September 2024
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Urgent Interim Service Change to Paediatric Inpatient Provision at Bronglais General Hospital (BGH)
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Lisa Humphrey, General Manager Nick Williams-Davies, Service Delivery Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

During the last eight-and-a-half months, service sustainability risks at Angharad Ward, Bronglais General Hospital (BGH) have increased significantly due to shortfalls in the availability of paediatric nurses. The service has been operating at risk, with a significant reliance on variable pay staff to enable service delivery to be maintained.

As the service is preparing for the winter period, the staffing challenges and associated service sustainability risks will increase due to additional staffing pressures from October 2024. Availability of paediatric nurses is predicted to deteriorate further from October, when two full time junior sisters commence maternity leave. Junior sisters are experienced and skilled members of the team; therefore, the absence of the expertise provided by these key roles compromises the clinical leadership and quality of care, in a team where existing shortfalls in junior staff remain.

This is recorded in the Risk Register entry 996 - “Fragile service provision in acute paediatrics BGH due to paediatric registered nursing deficit” and the score of this risk has recently been increased to 20, an extreme risk given the forecast position from October 2024. It has also been escalated as a Directorate Level Risk, from service level, due to the concerns regarding patient quality and safety directly related to the availability of nursing staff.

This report has been prepared to advise the Board of the current position and the need to request approval of an immediate short-term operational service change, to enable 24/7 Paediatric service delivery at BGH to be maintained whilst opportunities to strengthen the resilience of the longer-term staffing model are explored.

Cefndir / Background

Angharad Ward is currently operating as an 11 bedded Paediatric ward consisting of a 4 bed Paediatric Ambulatory Care Unit (PACU), 6 inpatient ward beds and 1 Paediatric High Dependency stabilisation space. PACU is a hospital-based facility in which infants, children and young people with acute illness, injury or other urgent referrals from clinicians can be assessed, investigated, observed and treated with an expectation of discharge in less than 24

hours. Ward care supports those children who need to be treated for longer than 24 hours because they are too unwell to be discharged, and High Dependency Unit (HDU) is designed to support children requiring more detailed observation or intervention such as respiratory support, prior to repatriation to paediatric intensive care at another hospital site.

Presently, 24/7 paediatric assessment and inpatient support is provided by a team of paediatric trained nurses and doctors. Given its location at BGH, Angharad Ward provides care to the surrounding communities to include Ceredigion, Powys and Gwynedd.

In January 2024, a report was provided for discussion at the Acute Leadership Group (ALG), the Operational Planning, Governance and Delivery Group (OPGP) and the Executive Team, describing the critical shortage of nurses on the inpatient paediatric ward at BGH (Angharad Ward). This was caused by an underlying vacancy factor which was difficult to fill despite an extensive recruitment campaign. The position was further compounded by sickness, maternity and special leave especially affecting the junior Staff Nurses (Band 5) within Angharad Ward.

The report at that time described the fragility of the service and the difficulty in maintaining the 24/7 inpatient model. Risks to patient quality and safety and challenges in managing ad-hoc overnight closures were detailed. As a result of the position, and to minimise risks of unplanned disruption to the service provision, a heavy reliance on nurse bank and agency staff (variable pay staff) was formed.

Since January 2024, a range of actions have been pursued, in an effort to reduce the risk to patient safety and stabilise the nurse staffing position within the Band 5 staff cohort. Whilst these actions have achieved some success in minimising the incidence of unplanned ad-hoc overnight closures, the Ward has experienced overnight closures on 9 separate occasions between February 2024 – August 2024 out of a potential 40 instances when overnight closures were anticipated.

Minimisation of closures was achieved by utilising a mixture of staff overtime and bank staff and authorisation to vary from the Health Board agreed protocol for agency booking beyond 7 days. Additionally, rotation of staff from Glangwili General Hospital (Cilgerran Ward) to BGH has helped to mitigate further potential unplanned closures of the ward on 37 occasions since November 2023 to date.

The heavy reliance on variable pay staffing has continued over the spring and early summer period and the service has only been able to operate safely with the inclusion of overtime, bank and agency staff. Agency reliability has been increasingly more difficult to secure and this is contributing to the service fragility, as the reduction in the agency contingent increases the pressure on bank and overtime requests.

More recently, improvements in the staffing position due to staff returning from maternity leave and partial progress achieved in attracting new recruits did enable a temporary reduction in vacant shifts from 122 in July 2024 to 55 shifts in August 2024. These gaps in provision have continued to be supported by variable pay staff. However, the situation is predicted to deteriorate from October 2024 due to the commencement of additional maternity leave for 2 of the Junior Sisters (Band 6 nurses).

The latest maternity leave will counter this improvement and will increase the number of vacant shifts beyond the levels experienced so far this year. It should also be noted that the Junior Sisters hold additional responsibility, are by definition more senior members of the team and assume the role of coordinators. Therefore, the advent of this additional maternity leave will

weaken skill mix (expertise) and clinical leadership on the ward, along with the overall impact on staffing availability.

In order to minimise the risks to service delivery, there have been numerous other actions that have been undertaken namely:

- Overseas recruitment – there has been no success in recruiting either paediatric nurses or adult nurses with paediatric experience thus far; this continues to be explored
- Rotating nurses from GGH to BGH over the past 8 months; however, this is not sustainable due to the staffing position at GGH and the demands on the service going into winter will create additional risk at GGH
- Staffing Angharad Ward with 50-60% agency cover over the past 8 months and utilising reliable bank staff; however, the agency now has less nurses available or coming forward to staff the significant gaps and is a deteriorating position despite offering block booking etc
- Recruiting nurses via streamlining which has been unsuccessful during 2024/25
- There is a rolling recruitment campaign in place with attractive relocation packages.
- Changes to the job descriptions to include nurses who are adult trained with extensive paediatric experience. One nurse is currently onboarding
- Requested support from neighbouring Health Boards; however, due to their respective staffing positions they are not able to support
- The BGH site management team has undertaken extensive scoping of their existing staff to identify adult nurses with paediatric experience; however, has been unable to support without a significant impact on areas such as the Emergency Department
- Engagement with the School of Nursing in Aberystwyth to explore adult nurses who may wish to have a placement within paediatrics as a longer-term strategy to recruit local nurses

The Women and Children's leadership team have also been working closely with the ward teams to reduce these risks; however, despite some admirable dedication from the Angharad team (staff undertaking additional duties, changing how they are rostered and reducing the reliance on agency staff but increasing the use of bank colleagues), it has been clear that additional measures are now needed to reduce the risk to quality and safety of the service and the children who access it and to bring some resilience to the BGH system.

Asesiad / Assessment

The current model at BGH includes a 6 bedded inpatient ward and a 4 bed Paediatric Ambulatory Care Unit (PACU) and a stabilisation area.

Table 1 below outlines the staffing position as of August 24 against the projected / future staffing position from October 2024.

CURRENT Picture (July 2024)	Angharad (RN Budget only)	End October- projected staff in post
Budget	12.2	12.2
Actual	9.66	9.66
Vacancy	2.5	2.54
Maternity	2	2.68
GAP	4.5	5.22

Table 2: The usage of bank and agency staff from January 2023 – August 2024

Between November 2023 and April 2024, this data shows an average of 4.1 Whole Time Equivalent (WTE) overtime, bank and agency nurses were utilised in support of Angharad Ward. Analysis of the currently predicted available staffing level from October 2024 will mean that, without a change to the operating model, an average of 5 WTE bank or agency nurses will be required to support Angharad Ward. This exceeds the level relied upon previously and there are serious concerns about the ability to guarantee availability of this level of variable staffing support and the associated risks for clinical safety of the service.

	2023												2024							
Row Labels	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Additional	0.288	0.1	0.2	0.1	0.3	0.2	0.2	0.2	0.1	0.3	0.2	0.3	0.023	0	0	0.1	0.2	0.2	0.3	
Bank	1.992	1.6	2.2	1.6	1.8	1.1	1.7	2.1	1.7	1.8	2.1	2.3	1.479	1.8	2.5	2.2	2.4	3	3.3	1.7
Off Contract Agency	0.21		0.2	0.1	0.6	0.1														
On Contract Agency					0.2	0.4	0.4	0.7	1.6	1.2	1.8	1.2	1.59	1.2	0.5	0.7	0.6	0.9	0.1	
Overtime	0.855	1.2	0.9	0.5	1	0.5	0.6	0.3	0.5	0.7	0.3	0.5	0.855	0.8	0.5	0.8	0.4	0.4	0.1	
Unfilled				0.1		0.4		0	0.1	0.1			0.216	0.2	0.3	0.2	0.2	0.1	0.3	1.2
Grand Total	3.345	3	3.5	2.4	4	2.8	2.9	3.3	3.9	4.1	4.4	4.3	4.163	4	3.8	4.1	3.7	4.6	4	2.9

Cilgerran ward implications

As earlier reported, Glangwili General Hospital (GGH) Cilgerran Ward staff have been deployed to BGH a total of 37 occasions from November 2023 to date - an average of 3 times per month. However, rotating staff between the two hospitals cannot be maintained from October 2024 due to the staffing position at GGH and the resultant increased pressure on both Cilgerran Ward and the Special Care Baby Unit – which in turn places the services at risk of non-compliance with the Nurse Staffing Levels (Wales) Act 2016. This is especially relevant as the service prepares for the winter period, when demand is predicted to be higher than the summer months along with the predicted increase cases of Respiratory Syncytial Virus (RSV) and related surge planning. This will place an additional pressure on the nurse staffing position; over and above the agency position already described.

Table 3 below show the paediatric demand (under 16's) at BGH Emergency Department from April 2023 to March 2024 (WPAS information).

ED Attendance total (all areas including MIU)	4910
Attended between 08:00 – 20:00	3698
Attended between 20:00 – 08:00	1212
Number referred for Paediatric Opinion- Day	453
Number referred for Paediatric Opinion- Night	215
Numbers attending PACU From ED	548

Table 4 below outlines the Emergency Department (ED) attendances / activity per locality from April2023 to March 2024 (Data taken from Welsh Patient Administration System (WPAS)

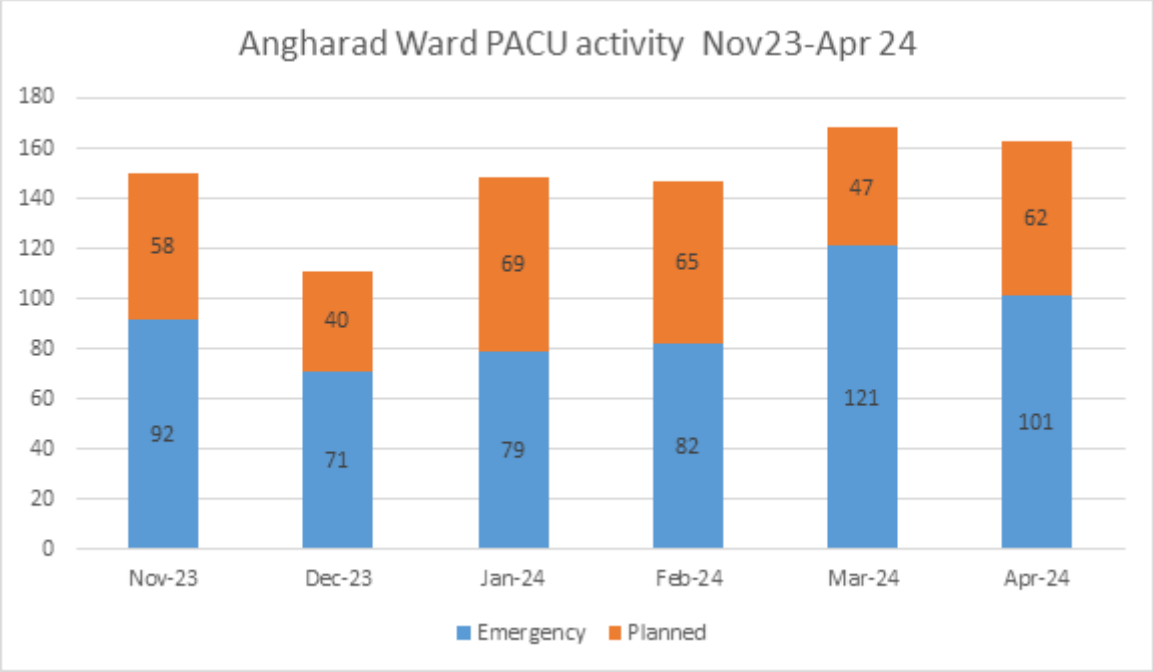
Locality of residence	**ED**	**PACU Activity**	**Angharad Ward**
Hywel Dda UHB	3278	326	73
Betsi	327	50	6
Powys	717	106	17
UK other	552	72	14
Overseas	35	7	1

Angharad Ward demand

The following charts detail the attendance activity for children and young people who received care in PACU as well as ward and HDU activity during the November 2023 - April 2024 period of last winter. The highest volume of attendances at BGH are seen in the PACU environment.

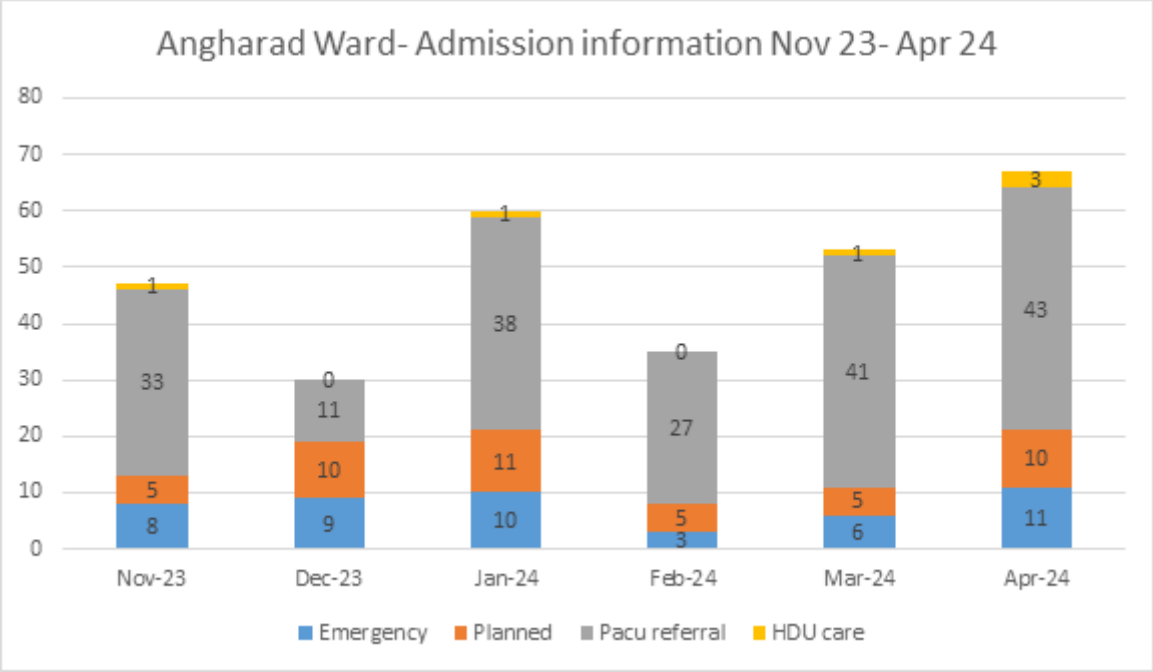
Graph 1 shows the PACU activity seen on Angharad Ward during November 2023- March 2024:

Emergency attendance would indicate an urgent need such as an unwell child whereas planned cases are booked appointments and reviews to include the completion of blood tests and other routine activities.



Graph 2 shows the activity which resulted in admission to the Angharad Ward with emergency, planned, HDU and PACU activity recorded between November 2023- March 2024:

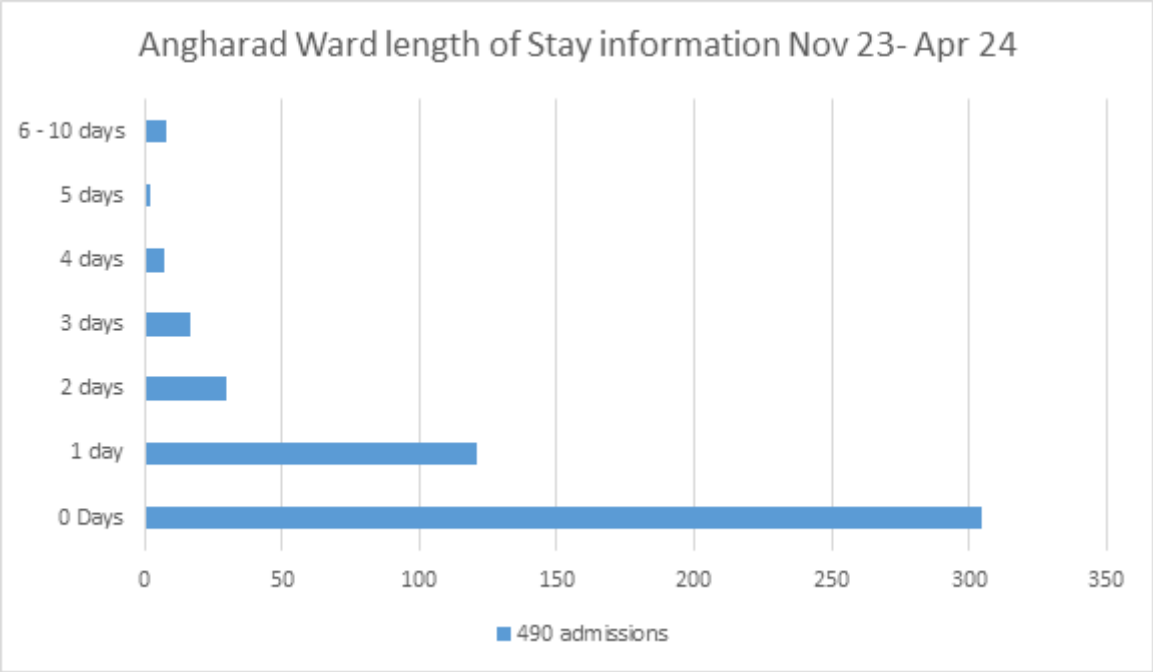
Activity which is transferred from PACU is shown to be the highest volume of activity in the paediatric ward environment.



Length of stay

Analysis of admissions where children were transferred to the care of Angharad Ward staff (i.e. transferred from PACU or admitted directly either as a planned or as an emergency admission) numbered 490 cases between November 2023 and April 2024. Of these, the vast majority (305 cases) had a length of stay of less than 24 hours, many having been assessed and discharged on the same day. The following chart shows the length of stay breakdown for the 490 attendances:

Children requiring more than 1 day (or 24 hours) of admission totalled 64 - an average of 10.6 per month during this period. The range of length of stay has been noted to be between 0 and 10 days, with a total of 8 patients staying between 6 and 10 days.



Graph 3 details the average length of stay for Angharad Ward inpatient activity November 2023- March 2024:

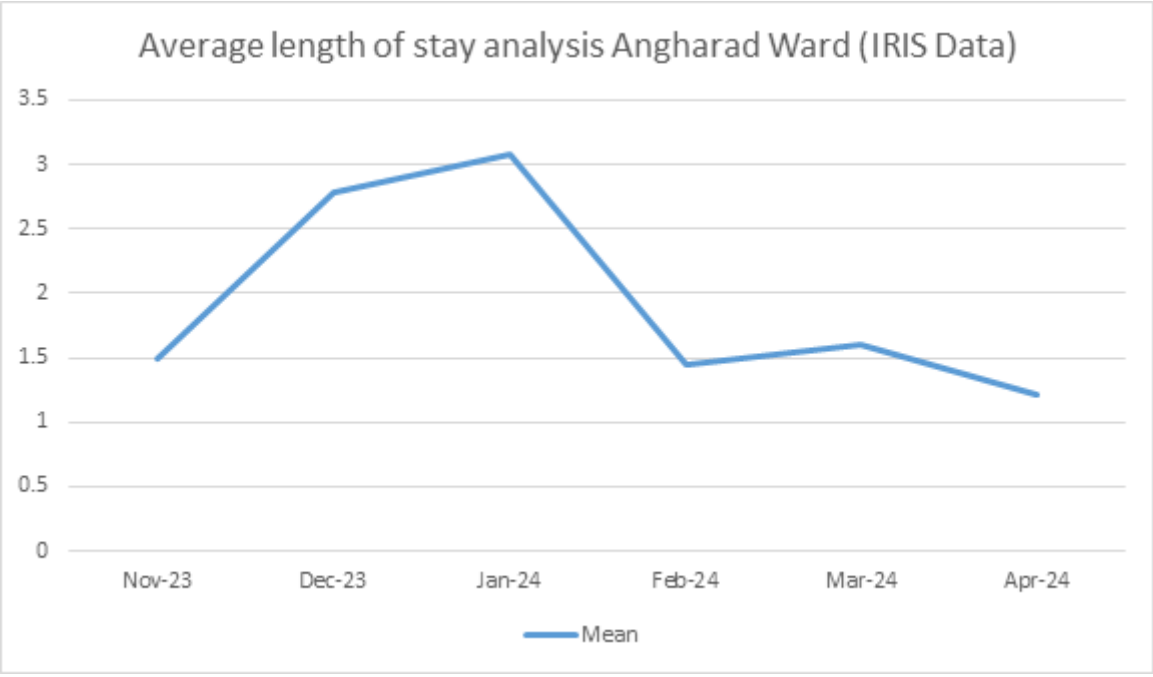


Table 6: Shows the time of admission to inpatient area Angharad Ward and PACU between March 2024 – July 2024.

These figures support the onward delivery of 24/7 services, given that activity is recorded across the 24 hours - noting that the most demand is seen between 8am and 8pm.

The number of children who require an overnight stay is exceptionally low and are admitted during the day, with a daily average admission rate of 0.8 children per day.

BGH Angharad Ward					
	March 24	April 24	May 24	June 24	July 24
00.00-07.59	0	3	3	2	5
08.00-11.59	2	2	0	2	1
12.00-15.59	1	5	0	3	4
16.00-19.59	1	1	2	2	6
20.00-23.59	2	1	6	5	2
BGH Paediatric Ambulatory Care					
00.00-07.59	12	25	21	17	15
08.00-11.59	15	13	19	17	18
12.00-15.59	34	29	29	23	28
16.00-19.59	38	21	27	24	35
20.00-23.59	19	13	37	28	26

Case for change

Given the increasing uncertainty in the ability to maintain safe staffing, a desire to minimise unplanned service closures and a focus on minimising quality impacts on children and young people, the Women and Children's Directorate has identified a need to temporarily change the current ward configuration of Angharad Ward, whilst maintaining 24/7 care of children at BGH.

Extensive discussions have been progressed with the paediatric multidisciplinary team, including nurses, doctors and therapists, the BGH Triumvirate Leadership Team and key stakeholders including Welsh Ambulance Services NHS Trust (WAST), operational leads for children's services in Betsi Cadwaladr and Powys Health Boards as well as partner agencies including Llais. It has become clear that any changes from an operating model which is less than 24/7 is complex, heightening the risk both clinically and politically, and requires carefully planned pathway changes.

Therefore, the consensus operational (clinical and management) view is that any recommended model should maintain a 24-hour provision at BGH. However, the ability to sustain a 24/7 ward based inpatient model is at a critical level and remains an extremely fragile service in the absence of effective nursing / workforce recruitment solutions. Therefore, urgent action is required to implement an immediate interim service change for a period of six months. During this time, the Women and Children's Directorate will continue to actively explore opportunities to strengthen and sustain the supporting workforce model.

Consideration of operating principles in support of the retention of 24/7 care
Discussions with the multi-disciplinary team and supported by Llais reinforce the objective to maintain 24/7 systems. These can be described as the need to:

- Provide immediate access to specialist stabilisation, assessment and treatment
- Provide 24 hour access for the support of patients with complex/chronic conditions
- Access to specialist paediatric opinion in support of other pathways to include WAST and Urgent Primary Care (as well as HB services such as ED)
- Retain specialist support for midwifery and obstetric services at BGH
- Maintenance of evidence-based care
- Reduction in adverse impacts relating to the domains of quality and safety
- Ensure the most efficient use of resources

The Women's and Children's Directorate initially identified four alternative model pathways to ensure safe, timely, effective, efficient, and patient centred care is maintained based on staffing availability:

- **Model 1**
  (24 / 7) 4 beds + assessment area PACU co-located in the Emergency Department (closing Angharad Ward)
- **Model 2**
  (24 / 7) 4 beds + assessment area PACU in current location on Angharad Ward
- **Model 3**
  12 hour 7 days a week 4 bed + assessment area PACU co-located in the Emergency Department (closing Angharad Ward)
- **Model 4**
  12 hour 7 days a week 4 bed + assessment area PACU in current location on Angharad Ward

Core considerations
Each of the temporary alternative pathway models explored have common considerations which are:

- 24 hour emergency pathways into ED for children at BGH remain unchanged
- Demand and capacity monitoring indicates periods of low paediatric activity at BGH; however, after extensive engagement, it is the operational consensus view that any reduction from 24 hour service provision will have significant system-wide impacts both operationally and financially
- The medical establishment would continue to operate unchanged; with 24 hours per day on-site registrar 24/7, on-site Consultant 08:00 - 20:00 and on-call Consultant outside of core hours. This is also required in support of ED activity and obstetric and maternity services
- Admissions (overnight stay) would need to be managed in collaboration with the GGH Paediatric Team / inpatient unit- with a focus on 'see and treat' being provided at BGH
- Recognition of the catchment area which BGH serves - negotiation and engagement with key stakeholders across neighbouring Health Boards will be required
- Workforce implications for staff will need to be identified and undertaken in line with the Organisational Change Policy
- All current site procedures in relation to emergency response (fire, health and safety, security, etc) will be maintained

Alternative Pathway Model 1

A 24/7 4 bed PACU (that allows children to be assessed and treated at BGH for up to 24 hours) with an assessment room, stabilisation area and waiting area co-located with the Emergency Department.

Benefits

- The current medical model remains unchanged
- Maintains a 24/7 service provision and therefore no loss of income from the Long-Term Agreement (LTA)
- Children can be assessed and treated at BGH for up to 24 hours therefore the number of children required for transfer to GGH will be less than 4 per month
- Surgical activity can continue for the children that do not require a length of stay longer than 24 hours
- Strengthens the relationship between the ED and paediatrics
- Removes the reliance on agency staff and significantly reduces the reliance on bank staff which stabilises the service
- As the second registrant is only required for the checking of drugs this can be a shared responsibility with a nurse from the ED which allows this model to be staffed with one paediatric nurse and a Band 2 / 4
- Removes the risk of ad-hoc overnight closures
- This also allows the ED in BGH to work towards meeting the Royal College of Paediatrics and Child Health (RCPCH) Standards for Emergency Care: Facing the Future Emergency Care which require 2 Paediatric nurses per shift, in emergency departments that care for children
- This model is aligned with A Healthier Mid & West Wales: Our Future Generations Living Well Strategy

Risks

- Co-locating with the ED requires the identification of an appropriate area that will require ED redesign of the space and potential capital funding / resources to support. Therefore, there is a risk that immediate service change may be delayed beyond November 2024

Table 7 below outlines the Workforce Mapping – PACU + model 24 / 7 - Co-located with the Emergency Department in BGH.

Band	Mon	Tues	Wed.	Thurs	Fri	Sat	Sun	26.9%	Establishment
Day									
Band 7	1	1	1	1	1				1
6 / 5	1	1	1	1	1	1	1	21.65	2.72
2/4	1	1	1	1	1	1	1	21.65	2.72
Play (9-5)	1	1	1	1	1			10	1.26
Band	Mon	Tues	Wed.	Thurs	Fri	Sat	Sun	26.9%	EST
Night									
6/5	1	1	1	1	1	1	1	21.65	2.72
2/4	1	1	1	1	1	1	1	21.65	2.72

As this alternative pathway would be co-located with the ED in BGH, this would enable a reduction in the number of paediatric registered nurses, as medications can be checked by other staff within the locality. This option also includes a Band 4 or 2 to support the registered nurse and play support for the children and young people who access the service.

Table 8 below outlines the deficit in the current nursing staff required to meet the nursing establishment needed for model 1.

Total Registered Nurse (RN) establishment from October 2024 WTE	4.48 (5.48 inclusive of supernumerary B7)
Required RN establishment WTE for Model 1 co-located with MIU (24/7)	5.4
The deficit identified of RN establishment WTE for Model 1 co-located with MIU (24	0.92

To meet the shortfall, there will be requirement for the Band 7 to work clinically part time and maintain some hours within their supernumerary, supervisory role. There will also be a requirement for support from Emergency Department staff to meet the deficit of 0.92 WTE and therefore the gap will be mitigated.

Alternative Pathway Model 2

A 24/7 4 bed PACU (that allows children to be assessed and treated at BGH for up to 24 hours) with an assessment room, stabilisation area and waiting area on Angharad Ward.

Benefits

- The current medical model remains unchanged
- Maintains a 24/7 service provision and therefore no loss of income from LTA
- Children can be assessed and treated at BGH for up to 24 hours therefore the number of children required for transfer to GGH will be less than 4 per month
- Surgical activity can continue for the children that do not require a length of stay longer than 24-hours
- Removes the reliance on agency staff and reduces reliance on bank staff (caveat the second nurse is required from Meurig Ward to support to with checking of medication and can be an adult trained nurse)
- Service provided in child friendly well-established area that is familiar to the staff
- Reducing the bed capacity from 9 in total to 5
- This model is aligned with A Healthier Mid & West Wales: Our Future Generations Living Well Strategy

Risks

- Risk of going over capacity due to physical space
- Second nurse is required from the site team 24/7 which potentially impacts on the staffing position on site in BGH
- Risk that BGH will not be able to maintain the commitment to the second nurse which could lead to ad hoc overnight closures

Table 9 below outlines the Workforce Mapping – PACU + Model 2 24 / 7 on Angharad Ward.

Band Day	Mon	Tues	Wed.	Thurs	Fri	Sat	Sun	26.9%	Establishment
Band 7	1	1	1	1	1				1
6	1	1	1	1	1	1	1	21.65	2.72
5	1	1	1	1	1	1	1	21.65	2.72
2/4	1	1	1	1	1	1	1	21.65	2.72
Play (9-5)	1	1	1	1	1			10	1.26
Ward Clerk	1	1	1	1	1			10	1.26
Band - Night	Mon	Tues	Wed.	Thurs	Fri	Sat	Sun	26.9%	EST
6	1	1	1	1	1	1	1	21.65	2.72
5	1	1	1	1	1	1	1	21.65	2.72

As this alternative pathway model is located on Angharad Ward, this will require 2 registered nurses to be present for checking medication, as required by the current in-patient model. This will also require the support from a Health Care Support Worker (HCSW) and play, as well as a ward clerk in the day, with two registered staff at night.

Table 10: Shows the deficit in the current nursing establishment to meet the staffing requirement for model 2

Total Registered Nurse (RN) establishment from October 2024 WTE	4.48 (5.48 inclusive of supernumerary B7)
Required RN establishment WTE for Model 2 Located on Angharad Ward	10.88
The deficit identified of RN establishment WTE for Model 2 on Angharad Ward	6.4
Total establishment WTE required to support from ED for Model 2	5.44: 1x RN day 1x RN night **DEFICIT of 0.96**

To meet the deficit in the staffing to support this model, there would be a requirement for an additional nurse to be sourced to provide 1 registered nurse day and night. Staff from Meurig Ward would be able to undertake this role in terms of medication checking etc. A remaining 0.96 WTE deficit, this could be met by the Band 7 working some clinical hours and retaining some hours as supernumerary and supervisory capacity.

Notwithstanding the consensus desire to maintain 24/7 service provision at the hospital, two alternative 12-hour temporary operating models have been considered given the extent of the workforce challenges faced by the service team:

Alternative Pathway Model 3

A 12 hour 8am – 8pm, 7 days a week 4 bed PACU with an assessment room, stabilisation area and waiting area co located with the Emergency Department.

Benefits

- The current medical model remains unchanged therefore can support Emergency Department overnight
- Registered Nurse cover provided to support ED overnight
- Removes reliance on agency and bank staff
- Can be delivered within current nursing establishment
- Closure of Angharad Ward contributing to reduction in spend

Risks

- PACU closes during the time of highest activity moving activity to the Emergency Department placing additional pressure on ED and therefore at the front door
- No ability to assess and treat children overnight therefore increasing the number of children that would require transfer to GGH approximately 12 per month
- Surgical pathways would need to change for those children who require an overnight stay, or for emergency presentation that require surgery therefore increasing the need for transfer to GGH
- Risk tolerance - variability in nursing approach (i.e. plans not adhered to and avoidable transfers implemented)
- WAST pressures - need for timely transfer to include inter-hospital transport for inpatient care (delays seen in real time)
- Need for further discussions with neighbouring Health Boards now identified to minimise disruption in terms of travel times for patients residing in North Gwynedd / Powys
- Potential loss of LTA income from Betsi Cadwaladr University Health Board and Powys Teaching Health Board
- Increase risk of reputational harm as model not aligned with A Healthier Mid & West Wales: Our Future Generations Living Well Strategy
- Management onward transfer of critical care presentation
- Potential for public consultation requirement - Llais opinion

Table 11 outlines the Workforce Mapping – PACU + model 4 beds 12-hour + assessment area PACU co-located in ED (closing Angharad Ward).

Band	Mon	Tues	Wed.	Thurs	Fri	Sat	Sun	26.9%	establishment
6 / 5	1	1	1	1	1	1	1	21.65	2.72
2/4	1	1	1	1	1	1	1	21.65	2.72
Play (9-5)	1	1	1	1	1			10	1.26

ED RN Cover 11.5 hrs – 7 nights a week

RN	M	T	W	T	F	S	S	26.9%	EST
Night	1	1	1	1	1	1	1	21.65	2.72

There would be no paediatric nurse staffing deficit within Model 3 as the staff are distributed over 12 hours and not 24. However, all paediatric attendances during the hours of 20:00 – 08:00 would be managed by ED staff. Therefore, the risk and mitigation required to manage paediatric attendances would be within ED.

Alternative Pathway Model 4

A 12 hour 7 days a week 08:00 – 20:00 4 bed PACU with an assessment room, stabilisation area and waiting area on Angharad Ward.

Benefits

- The current medical model remains unchanged therefore can support Emergency Department overnight
- Registered Nurse cover provided to support ED overnight
- Removes reliance on agency and bank staff
- Can be delivered within current nursing establishment

Risks

- PACU closes during the time of highest activity moving activity to ED placing additional pressure on ED and therefore at the front door
- Reduced ability to treat or assess children overnight therefore increasing the number of children that would require transfer to GGH approximately 12 per month
- Surgical pathways would need to change for those children who require an overnight stay or for emergency presentation that require surgery therefore increasing the need for transfer to GGH
- Risk tolerance - variability in nursing approach (i.e. plans not adhered to and avoidable transfers implemented
- WAST pressures - need for timely transfer to include inter-hospital transport for inpatient care (delays seen in real time)
- Need for further discussions with neighbouring Health Boards now identified to minimise disruption in terms of travel times for patients residing in North Gwynedd / Powys
- Potential loss of LTA income from Betsi Cadwaladr University Health Board and Powys Teaching Health Board
- Increase risk of reputational harm as model not aligned with A Healthier Mid & West Wales: Our Future Generations Living Well Strategy

Table 12: Shows the Workforce Mapping – PACU + model 4 beds 12-hour + assessment area on Angharad Ward

Band	Mon	Tues	Wed.	Thurs	Fri	Sat	Sun	26.9%	establishment
6 / 5	1	1	1	1	1	1	1	21.65	2.72
5	1	1	1	1	1	1	1	21.65	2.72
2/4	1	1	1	1	1	1	1	21.65	2.72
Play (9-5)	1	1	1	1	1			10	1.26
Ward Clerk	1	1	1	1	1			10	1.26

ED RN Cover 11.5 hrs – 7 nights a week

RN	M	T	W	T	F	S	S	26.9%	EST
Night	1	1	1	1	1	1	1	21.65	2.72

There would be no paediatric nurse staffing deficit within Model 4 as the staff are distributed over 12 hours and not 24. However, all paediatric attendances during the hours of 20:00 – 08:00 would be managed by ED staff. Therefore, the risk and mitigation required to manage paediatric attendances would be within ED.

Quality Impact Assessment
A Quality Impact Assessment has been developed in support of Option 2 and was approved by the Quality Impact Assessment panel on 12 September 2024.

In respect of Model 2, risk scoring in each of the 6 domains of quality are reduced. Positive impacts in all domains are noted except for equitable care which has a positive and a negative score.

Given approval of the QIA and the negative scoring in the one domain, Model 2 will now be subject to an Equality Impact Assessment and a Health Impact Assessment, and these will be completed and shared with Members prior to Board discussion.

It was also noted that in respect of Models 3 and 4 the risks of a 12-hour service would have a negative QIA impact which indicates children, and their families would be adversely impacted should those models have been excluded.

Whilst the proposal outlined in this report is driven by quality and safety concerns as a consequence of the increasing fragility of the Angharad Ward nurse staffing availability, it is important to note that the mitigating solutions proposed by Model 1 and Model 2 to support this urgent operational service change will not compromise the Health Board's financial recovery plan for 2024/25.

Communication
Llais have been regularly briefed and updated over several months as we have tried to mitigate the issue as best we can. They have indicated that, based on the clinical risks and the short-term nature of the service change as described, a period of engagement would not be needed at this point; however, careful communication of any change would be required. Should there become a need for a substantive change that extends beyond the six-month period, then further discussions would be held with Llais with a view to a period of engagement with service users and stakeholders.

Given that this temporary service change will impact a small number of service users, the Health Board will communicate this change directly with the families who will need to be transferred to GGH for care that extends beyond the first 24 hours. The Health Board will develop a communications and engagement plan that will support the service as it works to develop any future model.

Conclusion.

Nurse staffing levels at Angharad Ward, BGH are at a critical level from October 2024, despite mitigating actions detailed above. As such, the service is identified as a fragile service. To bring immediate resilience to the system, a series of options have been identified as detailed above.

Whilst the decision to alter the current operating model from a fully integrated 24/7 admissions unit to an alternate provision is based on the identification of clinical and service sustainability risks. Mitigating solutions proposed by Model 1 and Model 2 to support this urgent service change will not compromise the Health Board's financial recovery plan.

After extensive engagement with the multidisciplinary team, key stakeholders, and partner agencies, departing from an operating model that has less than 24 / 7 provision is complex and brings significant impacts. The following table is designed to remind members of the Board how each model may be considered in terms of deliverability and sustainability:

Alternative Pathway Models	Immediate Deliverability	Increased Sustainability
Model 1	X	✓
Model 2	✓	✓
Model 3	X	X
Model 4	X	X

Given the increasing fragility of staffing cover for the ward and the urgency with which mitigating action to ensure continued provision of a 24/7 service for paediatric patients must be taken, it is therefore recommended that this be achieved via the introduction of Model 2, as described in this report.

The BGH and Paediatric Triumvirates jointly recommend operationalisation of this model as a short-term operational service change for a period of six months, commencing on 1 November 2024, pending further exploration of opportunities to strengthen nurse staffing cover for the service in the longer term.

Argymhelliad / Recommendation

The Board is asked to:

- **ACKNOWLEDGE** the fragile service position within the Paediatric Inpatient Provision at Bronglais Hospital (BGH)
- **APPROVE** an urgent interim operational service change via the introduction of Model 2 for a period of six months commencing on 1 November 2024

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	996, Current score 20
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply

Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	5. Whole systems persepctive
Amcanion Strategol y BIP: UHB Strategic Objectives:	5. Safe sustainable, accessible and kind care
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Datix risk, Rota information, Financial and workforce intelligence reports
Rhestr Termau: Glossary of Terms:	Contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Detailed within the report

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Improved cost efficiencies have been identified within the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Contained within the report and subject to Quality Impact Assessment
Gweithlu: Workforce:	Staffing risk and position articulated within the report
Risg: Risk:	Identified in the report
Cyfreithiol: Legal:	Nil identified
Enw Da: Reputational:	Potential for reputational challenges- details within the report
Gyfrinachedd: Privacy:	Nil identified
Cydraddoldeb: Equality:	Has EqIA screening been undertaken? Yes Has a full EqIA been undertaken? In progress (as noted above)

Duty of Quality
Quality-driven decision-making tool

Part 1 - Quality Impact Assessment Toolkit

Overview & Guidance

This initial assessment should be completed to quantify potential impacts on quality or safety aspects (either positive, negative, or neutral/no impact), from any strategic decisions e.g. policy decisions, business cases, service improvements and changes, or efficiency savings projects that will affect operational services.

When completing the checklist consider the impact that the change will bring about in the long term. Also consider any impacts that might occur whilst the change is being implemented. For example, the project may be to introduce a new clinical pathway into an existing team, this will reduce waiting times for patients and result in smaller caseloads which are both long-term positive impacts. However, to introduce the new pathway staff working arrangement will need to change which may increase staff turnover resulting in patient waiting times for treatment increasing both are short term negative impacts. The QIA should reflect both the short-term and long-term impacts.

Strategic Decision / Organisational Activity / Project Title:	**Reduction of ward/ PACU operating hours for Paediatrics at Bronglais Hospital (Nurse staffing pressures)**
Name and role of lead:	**Nick Williams-Davies, Service Delivery Manager** **Paula Evans, Directorate Nurse**
Executive sponsor:	**Andrew Carruthers**

Description of Strategic Decision / Project:	
Broadly outline what is being proposed and the decision that needs to be made	BGH Paediatrics, based at Angharad Ward, is no longer seen to be a safe and sustainable model due to nurse staffing pressures caused by vacancy and maternity leave- with there being no resilience for sickness or other absence being available within the staffing base.. As such, the service has been designated as "fragile", operating with a risk score of 20 (Extreme) as recorded in risk 996 on the register. In order to bring stability to the system, a number of alternate operating models have been identified, but the most suitable being a 24 hour paediatric ambulatory care unit (PACU), to operate 7 days of the week. This would mean a reduction from 11 to 4 beds (to include stabilisation space). The most significant impact on children will be the removal of inpatient care, combined with refreshed PACU referral criteria in order to provide maximum support to the population and retain local access to the paediatric specialty over 24 hours and 7 days. This model is alligned to the Royal Colleage of Paediatrics and Child Health (RCPCH) standards for a Short Stay Paediatric Assessment Unit- SSPAU). PACU is a form of SSPAU. The QIA has been based on the delivery of this model given the immediacy of the request and the ability to deliver this in the short term.
Why is the proposal / decision needed	Angharad Ward is currently operating as an 11 bedded Paediatric ward - 6 inpatient beds, 4 PACU beds and 1 Paediatric High Dependency stibilisation space. Presently, 24/7 paediatric inpatient support is provided by a team of paediatric trained nurses and doctors. Given its location at Bronglais Hospital, Angharad Ward provides care to the surrounding communities to include Ceredigion, Powys and Gwynedd. A snapshot of the nursing roster for the Angharad Ward for the period 1st June 2024 to 31st July 2024 shows that 122 shifts were covered by bank and agency staff, the band 7 ward manager moved from management to clinical cover and staff deployed from Cilgerran Ward (GGH) to fill the deficit in the roster. The Roster from 31st July to the 8th September 55 shifts were covered by Bank and Agency. The roster 7th of October 2024 - 03 November 2024, has 3 band 6 shifts outstanding and 25 band 5 shifts outstanding, 28 shifts in total. Despite these improvements, additional maternity leave absence (2 Band 6 nurses from October 24) will increase the number of vacant shifts. Although shortfalls within the B5 establishment are expected to improve from September 24 following 0.96 WTE return from Maternity leave and 1 new WTE band 5 relocating, this will be countered by the 2 B6 nurses commencing maternity leave and so the ability to staff the unit (and the reliance on variable paid staff) is predicted to increase. The service will be further compromised by having less staff within a leadership role (B6 shift coordinators). Given there is no resilience to support further staffing shortfalls such as additional sickness/ vacancy, this model is unsustainable and risks of disruption to service delivery in the winter period (a time where preparation for surge pressures is required) are likely to increase significantly. It is clear that an immediate but interim service change is needed to bring resilience to the locality.
What are the drivers and influencing factors around the decision to be made? (e.g. legislation, national policy, professional body guidance, cost savings, ministerial priorities, quality standards, incidents etc)	• Compliance (inability to meet the legislation as set out in Section 25B of the Nurse Staffing Levels Wales Act • RCN guidelines on safe staffing levels of paediatric nurses in a ward environment • Working to the planned rosters agreed by the Designated Person • Patient safety and quality of care impacts and risks • HB principles of safety, accessibility and sustainablility
Who is directly affected by this proposal / decision? Please also consider people who may be indirectly affected	The bed reducton from 11 to 4 in line with the PACU model will effect • Children and Young people • Carers and parents • Nursing Staff • Medical staff • WAST/EMERTS/WATCH • ED • Paediatric services in the wider HB • System-wide considerations (ED pressures, WAST handover position etc)
How have you engaged with the people affected? If you have not yet engaged, what are your plans?	• This temporary change will impact a small number of service users. We will communicate this change directly with the families who will need to be transferred to Glangwili for care that extends beyond the first 24 hours. • Frequent briefing/ discussons with Llais • Lengthy discussions/ briefings with substantive and bank staff (ongoing engagement) • Exploration with Consultant teams • Collaborative approach with site leadership triumvirate • Continuing to engage with staff and where possible encouraging existing agency staff to take up substantive positions within the hospital. • Discussion with staff-side representatives • Involvement from workforce and staff side representatives
How does the proposal / decision impact on delivery of the organisation's strategic objectives or ministerial priorities?	In terms of our Planning Priorities: • Finance : Increased controlls ad reduced reliance on utilisation of variable paid staff- shifts will be escalated only if required and when all other methods of filling rosters have been exhausted • Workforce: All efforts to recruit substantively will continue,acknowledging, this is unlikely to have an impact by November 2024.
Is the proposal / decision planned to be temporary or permanent?	The proposal is to implement an interim service for a period of up to 6 months in the first instance, commencing in November 2024.

Has this Quality Impact Assessment been completed in collaboration with the clinical team(s) that the project will affect?	Yes
	Bethan Hughes, David Riseborough, Gemma Owen- Senior ward managers Bethan Osmundsen- Senior Nurse (Paediatrics) Paula Evans- Directorate Nurse (W&C)

This tool was developed by the Quality Assurance and Safety Team using ideas from Rotherham, Doncaster and Humberside NHS Trust QSIA tool and the NHS (Wales) Executive beta tool
https://www.rdash.nhs.uk/wp-content/uploads/2022/10/QSIA-Policy-v1.pdf

For advice and guidance using this tool, please contact Cathie Steele, Head of Quality and Governance or Caroline Burgin, Patient Safety and Assurance Manager.

Health & Care Quality Standard	Possible considerations for this standard	Risk Score (current risk before change)			Tick impact			Does this impact link with a Quality Enabler? If yes, which enabler? (Leadership, Workforce, Culture, Information, Learning improvement and research, Whole-system perspective)	Risk Score (after proposed change)			Description of impact
		Likelihood 1 - 5	Impact 1 - 5	Overall score	Positive	Neutral	Negative		Likelihood 1 - 5	Impact 1 - 5	Overall score	
Safe	Does this decision have a positive, neutral or negative impact on ensuring that: a) our health care system is a high quality, highly reliable and safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again? b) people's health, safety and welfare are actively promoted and protected? Do the risks that have been identified have a positive, neutral or negative impact on safety?	4	3	12	X			Workforce Risks to access to inpatient receiving quality and timely care which require appropriately trained and competent staff to deliver medical care.	2	2	4	Currently, nurse staffing shortfalls mean that the service is unable to meet baseline safe staffing requirements. This service change provides an opportunity to secure additional (non paediatric) nurse staffing support to enable paediatric care to be retained on site for 24 hours of the day, mitigating vacancy pressures and reducing the reliance on variable-paid staff. This will ensure that sick children can receive appropriate management 24/7. Where inpatient management is indicated and a stay greater than 24 hours indicated then children (and families) will need to travel to inpatient care at Glangwili Hospital. Analysis shows this to be 12 patients per month on average. Sufficient support mechanisms such as critical care capacity will continue to be provided on site at BGH.
Timely	Does this decision have a positive, neutral or negative impact on ensuring that: a) people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time? b) we care for those with the greatest health need first, and where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority?	4	3	12	X			Whole-system perspective BGH site needs to ensure that Children and Young People and their families/carers are given access to high quality care in a timely and safe manner. Children and Young People need to be cared for in the right place at the right time. Care must be given when identified, on clinical priority and needs which requires the appropriately trained staff to deliver the timely care.	3	2	6	Same descriptors as "Safe". Sufficient capacity has been identified to manage any increased demands at GGH. Service instability related to variable staffing levels would be mitigated meaning a more consistent service provision at BGH with the risk of unit closures being minimised. By maximising the availability of substantive staff, there will likely be a reduction in the reliance of variable paid colleagues. This opportunity will ensure the retention of front door medical and nursing support. Additionally, pathways and SOPs will support the managed onward transfer of those requiring overnight inpatient care to Glangwili.
Effective	Does this decision have a positive, neutral or negative impact on ensuring that: a) care and treatment reflects evidence-based best practice, and b) people receive the right care to achieve the optimal outcomes possible for them and that matter to them?	3	2	6	X			Workforce All decision making by Registered Nursing Staff must be effective and needs to reflect evidence-based practice to ensure optimum outcomes for the patient.	2	2	4	Stability to the operating model will reduce the amount of time that service leads are required to spend on stabilising the position. Furthermore, reduction in the relaince of variable paid saff would bring additional resillience. The model is based on evidence based practice- guaranteed access to specialist care and stabilisation is maintained. Altering the staffing model and the initiation of inpatient transfers to Glangwili will ensure continuity and provision of care will continue to be effective.
Efficient	Does this decision have a positive, neutral or negative impact on ensuring that: a) we take a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste? b)the most effective use of resources to achieve best value in an efficient way?	3	3	9	X			Whole-system perspective Workforce A value based approach for all our Children and Young People so outcomes are appropriate and sustainable. Resources should be used as effective and efficiently as possible.	3	2	6	This model addresses the risk relating to the dependence/ availability of variable paid staff combined with the shortfall in substantive staffing. With access to care continuing to be provided at the right time and place - especially in terms of stabilisation- this model is seen to be efficient. Furthermore, the allocation of available resources combined with reduction in variable paid spend will improve resourcing efficiency as well as have positive impacts on quality and continuity of care

Health & Care Quality Standard	Possible considerations for this standard	Risk Score (current risk before change)			Tick impact			Does this impact link with a Quality Enabler? If yes, which enabler? (Leadership, Workforce, Culture, Information, Learning improvement and research, Whole-system perspective)	Risk Score (after proposed change)			Description of impact
		Likelihood 1 - 5	Impact 1 - 5	Overall score	Positive	Neutral	Negative		Likelihood 1 - 5	Impact 1 - 5	Overall score	
Equitable	Does this decision have a positive, neutral or negative impact on ensuring that: a) everyone is provided with an equal opportunity to attain their full potential for a healthy life which does not vary in quality because of personal characteristics such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation; the organisation that provides care; or location where care is delivered?	3	3	9	X		X	Whole-system perspective All Children and Young People should be treated with equal opportunity and pathways should support care needs appropriately- right time, right place every time.	2	2	4	This proposal is also subject to EQIA The proposal will not discriminate age or gender and will ensure all individuals are treated in the same way with agreement for admission pathways reducing variability- especially given the reduction in the risks of service closure. There is a negative potential for children requiring admission (and transfer) to GGH (though these cases will be extremely low in number). However, travel for families far outside of their local community will have a socioeconomic impact. This is countered by an improvement in overall safety which must always be the overarching priority.
Person-centred	Does this decision have a positive, neutral or negative impact on ensuring that: a) people's needs are met and ensures that their preferences, needs and values guide decision-making that is made in partnership between individuals and the workforce? b) people and their families are at the centre of decisions, seeing them as experts working alongside professionals to get the best outcome and experience?	4	3	12	X			Whole-system perspective Workforce Angharad Ward should enable Children and Young People to receive the right care at the right time. All children and families/ carers should be treated with care and compassion. This can only be achieved to the maximum if safe staffing is available and provision is stable. Well-being of staff is also paramount and with continuing staffing deficits being addressed by this model, it is hoped that work related stress and sickness will be reduced. It may also impact positively on the recruitment and retention of the paediatric trained nuring workforce.	2	3	6	This is a emergency service change which is designed to provide service continuity and mitigation of clinical risk. Consolidation of available staff hours is essential and will ensure that the needs are met for the majority of service users. Needs of service users will be met and paediatric staff groups will not face significant disruption as they will continue to operate in their familiar workspace. There would be a negative consequence relating to the support that is secured from non- paediatric staff, as they will be operating in an unfamilar environment- but will receive support in terms of any training and development needs. Without the change, the service will continue to be described as fragile and provision will be unsustainable and therefore unsafe.

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Full Assessment

Strategic Decision / Organisational Activity / Project Title:		Name and role of lead:		Driver for change	

Health & Care Quality Standard	Health & Care Quality Enabler (Leadership, Workforce, Culture, Information, Learning improvement and research, Whole-system perspective) Please list all applicable	Description of Risk	Inherent RISK Score			Current Mitigation	Current RISK Score			Monitoring Arrangements				Target RISK score			Escalation Arrangements		
			Likelihood 1 - 5	Impact 1 - 5	Overall score		Likelihood 1 - 5	Impact 1 - 5	Overall score	Owner	Metrics / measure to monitor deterioration or improvement in risk	Monitoring Committee (this will usually be local governance arrangements and DITS)	Frequency	Likelihood 1 - 5	Impact 1 - 5	Overall score	Date Escalated	Where Escalated	Action to be taken
		Description 1			0				0							0			
		Description 2			0				0							0			
		Description 3			0				0							0			
		Description 4			0				0							0			
		Description 5			0				0							0			

QIA Panel Use Only

Considered and supported by:	Name	Supported	Date	Comments
Deputy Director of Health Science	Jon Arthur	Yes	12/09/2024	
Head of Strategic Partnerships	Anna Bird	See comments	12/09/2024	Full EQIA required
Associate Medical Director for Quality and Safety	Subhamay Ghosh			
Assistant Director of Nursing, Assurance & Safegauard	Cathie Steele	Yes	11/09/2024	
Consultant in Public Health Medicine	Michael Thomas	See comments	12/09/2024	Health impact assessment to be considered
Assistant Director of Assurance and Risk	Charlotte Wilmshurst	Yes	12/09/2024	

Considered and approved by Clinical Executive:	Name	Approved	Date
Director of Nursing, Quality and Patient Experience	Sharon Daniel	YES	12/09/2024
Medical Director	Mark Henwood		
Director of Therapies and Health Science	James Severs		

Date presented to panel	12/09/2024
Panel decision	Approve
Chair of Panel	Sharon Daniel

Hywel Dda University Health Board
Equality Impact Assessment (EqIA)

Please note:

Equality Impact Assessments (EqIA) are used to support the scrutiny process of procedures / proposals / projects by identifying the impacts of key areas of action before any final decisions or recommendations are made.

It is recognised that certain proposals or decisions will require a wider consideration of potential impacts, particularly those relating to service change or potential major investment. For large scale projects and strategic decisions please consult the Health Board's Equality and Health Impact Assessment Guidance Document and associated forms.

The completed Equality Impact Assessment (EqIA) must be:

- Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval.
- Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.

For in-house advice and assistance with Assessing for Impact, please contact:-

Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Form 1: Overview

1.	**What are you equality impact assessing?**	This Equality Impact Assessment reviews the proposal for an INTERIM service change affecting the Paediatric Services at Bronglais Hospital. This has been brought about by a significant shortfall in nurse staffing and a need to build resilience into the fragile service provision which is currently in place. This position is predicted to deteriorate further from October 2024, due to the commencement of maternity leave for 2 full-time Junior Sisters which will affect not only shift fill but also skill mix ratios given their level of seniority within the team. **What is unique or new:** • Change to a 24/7 Paediatric Ambulatory Care Unit (PACU) and removal of inpatient care for patients requiring more than 24 hours of intervention. • Reduction in the numbers of qualified nurses required to staff the unit across the 24 hour day- with complex admissions being transferred to Glangwili in support of this. • Access to non-paediatric nursing staff to support safe administration of medications, mitigating the risk from the point above. **Opportunities to:** • Stabilise the current fragility through re-distribution of available nurse staffing. • Continue to provide assessment and stabilisation facilities for children and young people for 24 hours per day. • Continue to support the wider BGH model in terms of Paediatric activity (such as within ED).

2.	**Brief Aims and Description**	Given the increasing uncertainty in the ability to maintain safe staffing and a desire to minimise unplanned service closures and a focus to maintain quality impacts on children and young people, the Women & Children's Directorate has identified a need to temporarily change the current ward configuration of Angharad Ward, whilst maintaining 24/7 care of children at Bronglais General Hospital. Extensive discussions have been progressed with the paediatric multidisciplinary team, including nurses, doctors and therapists, the Bronglais Triumvirate Leadership Team and key stakeholders to include Welsh Ambulance Services NHS Trust (WAST), operational leads for children's services in Betsi Cadwalader and Powys Health Boards as well as partner agencies including Llais. It has become clear that any changes from an operating model which is less than 24/7 is complex, heightening the risk both clinically and politically, and requires carefully planned pathway changes. Therefore, the consensus operational (clinical and management) view is that any recommended model should maintain a 24-hour provision at Bronglais General Hospital. However, the ability to sustain a 24/7 ward based inpatient model is at a critical level and remains an extremely fragile service in the absence of effective nursing / workforce recruitment solutions, urgent action is required to implement an immediate interim service change for a period of six months. During this time, the Women and Children's Directorate will continue to actively explore opportunities to strengthen and sustain the supporting workforce model. Consideration of operating principles in support of the retention of 24/7 care. Discussions with the multi-disciplinary team and supported by Llais reinforce the objective to maintain 24/7 systems. These can be described as the need to:

		• Provide immediate access to specialist stabilisation, assessment and treatment; • Provide 24 our access for the support of patients with complex/ chronic conditions; • Access to specialist paediatric opinion in support of other pathways to include WAST and Urgent Primary Care (as well as HB services such as ED); • Retain specialist support for midwifery and obstetric services at BGH; Maintenance of evidence- based care; • Reduction in adverse impacts relating to the domains of Quality and safety; • Ensure the most efficient use of resources.
3.	**Who is involved in undertaking this EqIA?**	This EqIA is an iterative document and has been developed in advance of and will be refreshed throughout the period of interim service change to ensure it regularly captures impacts. Initial impact assessment work has been undertaken by members of the service leadership team and reflects the discussion with stakeholders to include Llais, WAST, Neighbouring HB children's service leads and the BGH triumvirate team. Furthermore, the proposal has also been subject to a review by the Quality Impact assessment (QIA) panel, the outcome of which has also resulted in this EqIA. Key contributors include: Nick Williams-Davies - Service Delivery Manager Acute Paediatric & Neonatal Services Bethan Osmundsen, Senior Nurse, Paediatrics Eiddan Harries – Senior Diversity and Inclusion Officer

4.	**Is the Policy related to other policies/areas of work?**	This EqIA is related to the need to introduce an urgent interim service change at Bronglais Hospital. Policies affected by this proposal that have been considered include: 692 - Admission of Children to the Paediatric Units within HDUHB 818 - Paediatric Escalation Procedure
5.	**Who will be affected by the strategy / policy / plan / procedure / service?** (Consider staff as well as the population that the project / change may affect to different degrees)	The following groups have been identified as being directly or indirectly impacted: <u>Staff – (Socio-economic duty)</u> • GGH staff who have been relocated to BGH in order to maintain services to date • Risks to recruitment and retention/ paediatric nurse career opportunities at BGH as the option has a reduced nurse staffing requirement • Certainty for staff once a model has been identified and implemented <u>Patients – (Socio-economic duty/ age)</u> • Children and young people who frequently attend services due to medical needs and reside in Ceredigion/ Powys/ Gwynedd • Children and young people who may need urgent or emergency medical care and reside in Ceredigion/ Powys/ Gwynedd • Children and young people who may need urgent or emergency medical care while visiting the Aberystwyth locality and nearby counties of , Ceredigion/ Powys/ Gwynedd but not residents of the area <u>Public – (Gender/ Socio-economic duty/ age/ pregnancy and maternity)</u> • Parents/ guardians/ carers of children and young people who require support and transport to frequently attend services due to medical needs and reside in Ceredigion/ Powys/ Gwynedd

		• Parents/ guardians/ carers of children and young people who may require support and transport to access urgent or emergency medical care and reside in Ceredigion/ Powys/ Gwynedd • Parents/ guardians/ carers of children and young people who may require support and transport to access urgent or emergency medical care while visiting Ceredigion/ Powys/ Gwynedd, but are not residents of the area
6.	**What might help/hinder the success of the Policy?**	**Help:** • All Health Board policies, procedures, and guidelines are available to staff on the Health Board's intranet website • All staff are contractually obliged to abide by Health Board policies • It is the responsibility of Managers to ensure staff have access to the guidelines • Clear and appropriate communications to Public, Staff & Stakeholders via the medium of radio, video, and social media publications • Consultant and Service Lead support to monitor and review the guidelines **Hinder:** • Inability to circulate advice to reach non-resident population (esp. holiday makers) • Lack of sufficient public communication and signposting • Lack of sufficient/ effective communication with Staff and Stakeholders • Lack of awareness of the guidelines by Staff and Stakeholders • Lack of "buy in" from Staff, Stakeholders, and Service Users • Circulation of misinformation via social media

		• Inability to influence all patient/ relative behaviours when accessing services There is no evidence to suggest that any groups will be discriminated against as a result of the service change. Disadvantages arise for people required to travel further to access care, however this is as a result of needing to centralise a service to ensure that care remains available for the whole of the Ceredigion population of Hywel Dda. The benefit of this work is that for Children and Young People in the north of Hywel Dda (and surrounding counties), it is possible to provide a sustainable and safe acute, critical care service within the HB which is able to meet their urgent needs. Wherever possible, follow up care will be delivered closer to home.

Form 2: Human Rights

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below.

Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.

Consider, is the Policy relevant to:	**Yes**	**No**
Article 2 : The right to life **Example**: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control	✓	
Article 3 : The right not be tortured or treated in an inhuman or degrading way	✓	

Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control		
Article 5 : The right to liberty **Example**: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control	✓	
Article 6 : The right to a fair trial **Example**: issues of patient choice, control, empowerment and independence	✓	
Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control **Example**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life	✓	
Article 11 : The right to freedom of thought, conscience and religion **Example**: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers	✓	

How will the strategy, policy, plan, procedure and/or service impact on:-	Positive	Negative	No impact	Potential positive and / or negative impacts Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.	Opportunities for improvement / mitigation If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also been included within the action plan.
Age Is it likely to affect older and younger people in different ways or affect one age group and not another?	✓	✓		The temporary paediatric pathway and associated protocols are directed at children and young people (and their parents/ guardians) who reside within the Ceredigion/ Powys/ Gwynedd regions and applies to children and young people under the age of 16 years. The operating principles of a PACU model is designed to provide care for children for up to 24 hours. Therefore, this change should only impact children requiring greater than 24 hours of inpatient care- analysis shows this to be an average of 12 patients per month. Where inpatient care greater than 24 hours is indicated, onward transfer to the children's ward in GGH will be arranged. Average length of stay at BGH is noted to be 1.6 days and in reality, with clinical approval, children who may require up to an additional 14 hours of care (if this can be safely managed within the clinical model) would not need to transfer, as there would be provision of services over 24/7. But decisions would need to be based on individual need,	The benefit of centralising the admissions element of service provision at GGH is that it has been possible to retain paediatric services in north Ceredigion for 24/7 access meaning children will always receive expert assessment and initial treatment/ stabilisation. The majority of patients will not be disadvantaged. In terms of transport opportunity, urgent transfers will be managed between the HB and WAST as per normal arrangements. Critical care will continue to be managed with input from specialist transfer services (WATCH). Public transport includes hourly bus services from Aberystwyth to GGH- travel duration just over 2 hours. The HB will be able to assess opportunity for bulk-purchase of transport tickets with the coach operator- this will need to be assessed on a case by case basis, and cater for prolonged admissions.

				presentation and balanced against the RCPCH PACU standards. The guidelines are devised to ensure children and young people receive the most appropriate level of care at the right time and in the correct environment leading to effective outcome/ recovery. The benefit for children and young people is that they will continue to receive specialist paediatric provision (medical and nursing) in response to this operating model at a venue closest to their home address. The unintended consequences are that admissions greater than 24 hours (or greater than 1.6 days if clinically supported) will be centralised and delivered from a GGH site, which has increased travel time for children and young people of Ceredigion/ Powys/ Gwynedd and their parents and carers. However, stabilisation will continue to be provided, mitigating this risk. An additional impact relates to parents of children and young people who have work commitments- it is recognised that the travel time to GGH will have a negative impact on that specific group.	Additionally, taxis are operational 24/7- though average costs would be in the region of £130 each way. Trains are not an option due to connections, and a journey time in excess of 6 hours. Cilgerran ward is able to support the overnight stay for 1 parent/ carer – to be with the child at their bedside. In the rare instance that more than one parent would need to stay in the GGH locality (and the length of stay is protracted- i.e. greater than 48 hours/ significant illness etc), the service does have the ability to secure accommodation in the locality to negate the need for travel- recognising the importance of keeping the family unit together. As this is a temporary change, opportunities will be taken during the temporary period to further explore opportunities to mitigate the impact of travelling on younger people and their families and carers. This will include a revision of recruitment processes and development of training opportunities for

				Another consideration related to the skills and expertise of staff across Meurig Ward and Paediatrics who will need to adapt to a new way of working which will be different to established methods. The increase in travel time and the movement of services from BGH to GGH is likely to have an impact on parent carers of disabled children who are likely to require more frequent attendance and have parents who are typically older and may be less resilient when needing to arrange transportation. This evidence is anecdotal but also picks up broader EqIA work undertaken for the Programme Business Case for the new Urgent and Planned Care Hospital which identified the impact that age has on travelling. The interim model is designed to maximise provision at the BGH site, re-distributing core (available) staffing and reduce variable-paid staff reliance's, bringing stability to the operating model. The model. This mitigates some of the impact as travel requirements for children parents and carers requiring care at GGH will be minimised.	overseas nurses who need a UK- based paediatric qualification.

Disability Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	✓	✓		The Paediatric guidelines are specific to children and young people inclusive of those who have disabilities and live in Ceredigion/ Powys/ Gwynedd. The service change has not been identified to have any discriminatory impact on those with disabilities. Children with disabilities which impact on their physical health on an acute basis are more likely to be impacted by the need to travel to GGH. Those who require outpatient services will not be impacted as provision will remain in BGH. Model 2 would still have an impact on those who are unwell needing to attend GGH for emergency care, however the benefit of Model 2 is that Emergency and urgent care (treatment and stabilisation with a period of observation up to 24 hours duration) as well as day care, outpatient care and follow up care will continue to be provided from BGH, reducing the travel impacts in terms of cost, and effect on daily life (work, education, etc.) for the majority of children and families accessing the service. While the majority of the activity analysed demonstrates that care is required on an emergency basis irrespective of disability, further work is needed to clarify the exact impact on disabled children.	For those with physical disabilities who may attend on a frequent basis or may have sudden changes in health needs and require urgent treatment, access to specialist immediate assessment and stabilisation will be maintained at BGH. For those with disabilities that impact on people's ability to understand the changes made to the service, the communication needs/ expectations of affected parents/ family and carers will need to be addressed appropriately about how and where to access care and signage at hospital sites. The benefit of implementing a temporary service change is that there will continue to be a dedicated nurse staffing rota to ensure that an open ward can be consistently staffed without need for transfer between locations and without the need for using temporary staff (such as bank and agency) who may not be familiar with the service/ locality etc. This also provides greater certainty for children and young people with disabilities and their families about where and when care is available when needed.
		✓			

				Anecdotal evidence from parent responses have indicated that children with disabilities and their families are required to travel more frequently over longer distances which has a negative impact. In a recent Health Board Consultation Several groups were highlighted as being particularly vulnerable to service-change impacts, and this remains relevant in this context- including: • Children and young people with additional/ complex needs (such as neurodivergence and learning disabilities) and their families • Children and young people with longer term conditions requiring repeat appointments The need for proper pathways for disabled children is therefore considered essential.	There is no evidence to suggest that people with disabilities are discriminated against as a result of these changes. Hywel Dda University Health Board have signed up to the Learning Disability charter which seeks to treat people with learning disabilities in mainstream settings with reasonable adjustments, therefore where they may need reasonable adjustments these will be considered to ensure they are not disadvantaged further, i.e. communications from GGH ward in easy read. Children and young people with complex needs and other disabilities are able to access the ward systems at GGH when admission is indicated. Transfers will be supported by the ambulance service or non-emergency patient transport as required. Routine care (OPD) would continue to be provided at BGH minimising disruption/ travel/ expense especially in relation to follow up (planned care) activity. BGH ED paediatric attendances requiring admission for longer than 24 hours will

					require a referral to GGH Paeds.unless otherwise clinically indicated. No disabled-specific pathways, all pathways are for all children and young people and incorporate access to care for any disability. Provision of wheelchair accessible taxi services is in place as part of hospital taxi contract system. No further disability impacts or mitigations were identified.
Gender Reassignment Consider the potential impact on individuals who either: •Have undergone, intend to undergo or are currently undergoing gender reassignment. •Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth.			✓	Understanding the proportion of the population who identify as trans is difficult. The Gender Identity Research and Education Society (GIRES) estimates the overall percentage of 'gender variant' people in the UK is 1% but growing. A small proportion of teenagers covered by this guideline may identify as non-binary/ trans or be exploring their gender identity. This may or may not be known to the parents of children and young people and such issues will need to be addressed sensitively with individuals and in a confidential manner**.** The Paediatric guidelines are specific to children and young people inclusive of those who have undergone, intend to undergo, or	A proportion of GP practices in each of the HB three county areas have agreed to provide local enhanced transgender services for children and young people. GPs are able to advise children and young people and their parents/ guardians on the most appropriate healthcare pathways, e.g. referral to Welsh Gender Service. Staff also have access to specialised transgender awareness training to help them work with transgender patients.

				are currently undergoing gender reassignment, or do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth. Model 2 does not have any additional positive or negative impact.	
Marriage and Civil Partnership			✓	Not applicable – even if patient groups are subject to marriage or civil partnership, this temporary change will not impact on this protected group**.** Model 2 does not have any additional positive or negative impact.	

Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.	✓	✓		Maternity services at BGH will not be impacted by this service change and existing pathways to manage paediatric involvement and transfers of care to the Special Care Baby Unit in GGH will be maintained. There could be an increased negative impact on pregnant parents having to travel with another child. Greater travel times would become relevant- mitigated by the availability of public transport provision as listed above.	-
Race/Ethnicity or Nationality People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.			✓	For many patients and families from minority ethnic groups, rituals and traditions become more important in times of ill health. It would be important for families to be spoken to in their first language when conveying information during the implementation of this guideline and the training required wherever possible. The Health Board approved translation services will help to facilitate this. Model 2 does not have any additional positive or negative impact.	Access to Health Board approved translation services will be utilised when the need is identified.
Religion or Belief (or non-belief) The term 'religion' includes a religious or philosophical belief.			✓	This interim system change applies equally to all religions and beliefs - to include those who have no belief. Model 2 does not have any additional positive or negative impact.	Patients and their families of all faiths can access spiritual care and support from our Chaplaincy Services which are available on all hospital sites.

Sex Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?		✓		While the service model does not have an impact due to the patients' gender, it is recognised that women are generally more likely to be the primary carer, and so changes to how and where services are delivered are likely to have a greater impact on women than men. As Model 2 will allow for continued outpatient activity and follow up appointments to be undertaken from BGH, it is expected that this will benefit women who are predominantly primary carers as it will have a reduced impact on their lives through closer access to care. However, there is likely to be a disadvantage in this domain where a need to travel to GGH is needed as inpatient care is required. The impacts on male parents is less clear but is likely to have a negative consequence in relation to travel. Additionally, where parents/ carers have additional childcare requirements (more than 1 child) the need to be based in GGH will have additional repercussions for this cohort of individuals. In a recent Health Board Consultation into Paediatric Services, other groups were	As this is a temporary change, opportunities will be taken during the temporary period to further explore opportunities to mitigate the impact of travelling on younger people and their families and carers. This will include a revision of recruitment processes and development of training opportunities for overseas nurses who need a UK- based paediatric qualification. Single parents' disruption would be present in all options (including those with other children to care for) regardless of location of service provision – acknowledging that there may be additional transport difficulties for single parents (see response to transport and travel themes recorded under the Socio-economic Deprivation section). **Model 2 would provide continued access to routine appointments - these are the most frequent activities that are the focus of the paediatric teams. The maintenance of acute care for up to 24 hours would further reduce the need for travel to Glangwili** Single parent theme addressed above. Transport and travel themes addressed in Socio-economic Deprivation section.
		✓			

				highlighted as being particularly vulnerable to these impacts, including: • Single parents, especially those with no support network • Parents, especially single parents, with other children to care for Therefore, it is noted that Parents/ guardians are likely to report difficulties in accessing care for a child at a hospital some distance away when they have other children to care for. This issue was considered especially acute for single parents.	All requests for accommodation/ childcare provision would be considered on a case-by-case basis but (aside from visiting hours), it would not be encouraged for children to stay due to other demands within the unit. No further Sex impacts or mitigations were identified.
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.			✓	A proportion of teenagers who access services via this temporary pathway may identify as lesbian/ gay/ bisexual (LGB). They may or may not be “out” at home and issues around their sexual orientation will need to be addressed sensitively and confidentially. This interim system change applies equally to all regardless of sexual orientation. In the survey sent to patients/ parents/ carers, of the 201 responses received with demographic information, 195 identified as heterosexual or straight, 3 as bisexual, 2 as other and 1 preferring not to say.	Staff are routinely offered a variety of LGBTQ+ related training sessions to help them gain a better understanding of the barriers and challenges experienced by LGBTQ+ persons.

				There has been no indication that the service change discriminates against non-heterosexual children and young people, their parents, or carers Model 2 does not have any additional positive or negative impact.	
Socio-economic Deprivation Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio Economic Duty in Wales and supporting resource please see: https://gov.wales/more-equal-wales-socio-economic-duty		✓		The transfer of children and young people from BGH to GGH could incur additional transport and accommodation costs for the families/ carers. Eligible families will be advised of the process to claim back costs, however, they will require funding in the first instance to travel to access care, before being able to reclaim funding. Although the numbers of people living within these areas are small in comparison to the rest of the region, changes which reduce access or increase cost burden will have a greater impact. Model 2 will require families to travel to GGH if inpatient care is required This is partially mitigated and improved by being able to have follow up appointments in BGH, reducing the impact of travel costs as well as missed employment/ education.	In terms of transport opportunity, urgent transfers will be managed between the HB and WAST as per normal arrangements. Critical care will continue to be managed with input from specialist transfer services (WATCH). Public transport includes hourly bus services from Aberystwyth to GGH- travel duration just over 2 hours. The HB will be able to assess opportunity for bulk-purchase of transport tickets with the coach operator- this will need to be assessed on a case by case basis, and cater for prolonged admissions. Additionally, taxis are operational 24/7- though average costs would be in the region of £130 each way. Trains are not an option due to connections, and a journey time in excess of 6 hours.

	✓	✓		A recent HB consultation into Paediatric services in the south of the HB highlighted concerns around equalities impacts centred on travel and access, focusing on the ease with which patients are able to travel to access paediatric care at Glangwili Hospital. This is likely to remain the case for this interim proposal at BGH Several groups were highlighted as being particularly vulnerable to these impacts, including: • Families on lower incomes and/ or without access to private transport • Families living in rural isolation • Families living in some parts of Ceredigion Groups mentioned in the context of equalities (especially the complexities and cost of travel) were those who are economically disadvantaged and those without access to private transport. Moreover, those in rural areas with poor internet coverage were thought to be at a disadvantage in as much as they cannot access opportunities.	Model 2 proposed maintains the provision of care closer to home for the majority of activity, with the exception inpatient care which is believed to be in the region of 12 cases per month on average.

				Maximising provision of services closer to home would also benefit those without support networks and /or access to private transport – as well as those on lower incomes who cannot afford travel costs or overnight stays close to Glangwili (or even further afield in some cases).	
Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.			✓	This interim system change applies equally to all regardless of whether they choose to communicate in English or Welsh. The language needs of the child/ young person and their family/ carers are respected in accordance with Health Board policy. All letters and forms are available in Welsh, and recruitment undertaken in line with Welsh Language Skills requirements. Welsh language usage was not a question as part of the surveys, however the majority of the respondents identified as Welsh (133, 67%). Welsh responses were also received as part of the surveys which were translated and included as part of the issues report. Model 2 does not have any additional positive or negative impact. A further output from the recent consultation into paediatric service provision in the south of the health board considered that although	Welsh speaking staff in both BGH and GGH are available to respond to queries / communicate if people wish to use Welsh, and staff wear lanyards to show that they are able to communicate in Welsh. The health board will continue to implement and monitor progress against the actions within its bilingual skills strategy, the Welsh Language Standards and the 'More than Just Words' Strategic Framework. Progress will be detailed in the annual monitoring procedures. The health board will continue to contribute to the wider implementation of 'Cymraeg 2050: Welsh Language Strategy', which is Welsh Government's vision for reaching a million Welsh speakers in Wales by 2050. The health board will take action to promote and increase the use of Welsh in the workplace and across different service areas which should have a positive impact on both our service users and our staff.

				Welsh language provision has improved in recent years, more can be done to offer this within paediatric services to improve understanding of symptoms and diagnosis. A couple of participants highlighted the importance of Welsh language provision within paediatric children's services. Without this, it was said, there is a barrier in terms of staff communicating with children about their health. This is particularly prevalent in Ceredigion, where many children are first language Welsh speakers. Welsh language could have more of an impact in a Paeds setting as first language Welsh children may want to correspond in Welsh and may not be able to speak English. Corresponding in their preferred language will help put the child at ease and allow the child to disclose more detailed information .	The health board will continue to increase training opportunities for staff to improve Welsh language skills and will expand the current practice for staff to display the 'iaith gwaith' logo to identify themselves as Welsh speakers. Welsh Language Champions will continue to promote bilingualism and Welsh language initiatives across the organisations.

Intersectionality

It may be important to break the analysis down by more than one protected characteristic. This is often referred to as ‘intersectionality’.

Intersectional disadvantage (a phrase used to describe the relationship between overlapping social identities and protected characteristics) and at-risk groups, such as homeless people and carers. The Health Board recognises that increasingly, it is understood that inequality is intersectional. People’s characteristics interact in a complex way to give a unique experience of inequality. For example, the experience of a Muslim woman cannot separate ‘female’ and her experience as a Muslim. It will differ from that of a Muslim man and of a non-Muslim woman. Another example, while an EQIA may identify impacts for Muslim people, it will be important to recognise that impacts could be very different for a Muslim woman compared to a Muslim man.

Female parents/carers coupled with socioeconomic impacts may be a relevant cohort of service users / parents to be considered here.

Form 4: Examine the Information Gathered So Far

1.	**Do you have adequate information to make a fully informed decision on any potential impact?**	Unable to confirm. This change has not been publicised with potential service users/ families and assumptions have been made based on admission and length of stay data to understand the numbers of children who may be disadvantaged. Service leads will be closely monitoring activity and if unseen impacts are identified, the EqIA will be updated accordingly and additional actions put in train if indicated..
2.	**Should you proceed with the Policy whilst the EqIA is ongoing?**	Yes, this is an urgent service change designed to minimise clinical risks and impacts of the quality and safety of care afforded to children and young people.
3.	**Does the information collected relate to all protected characteristics?**	Information regarding this interim service change has considered all known/ potential service users in terms of protected characteristics
4.	**What additional information (if any) is required?**	This EqIA would be supported by ongoing assessment of the impacts of the service change including those which may have not been considered at time of planning.

5.	**How are you going to collect the additional information needed? State which representative bodies you will be liaising with in order to achieve this (if applicable).**	Senior service leads will monitor activity in terms of attendances and transfers. Incidents and complaints will be managed within normal processes, but any increase in concerns in relation to this change will be flagged within the directorate Quality and Safety committee in the first instance. At all stages, the service has maintained close liaison with Llais and this is anticipated to continue during the period of altered provision.

Form 5: Assessment of Scale of Impact

This section requires you to assign a score to the evidence gathered and potential impact identified above. Once this score has been assigned the Decision column will assist in identifying the areas of highest risk, which will allow appropriate prioritisation of any mitigating action required.

Protected Characteristic	Evidence: Existing Information to suggest some groups affected. (See Scoring Chart A below)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B below)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C below)
Age	**2**	**-1**	**L**
Disability	**2**	**-1**	**N**
Sex	**2**	**-1**	**L**
Gender Reassignment	**1**	**0**	**N**
Human Rights	**1**	**0**	**N**
Marriage and Civil Partnership	**1**	**0**	**N**
Pregnancy and Maternity	**2**	**-1**	**L**
Race/Ethnicity or Nationality	**1**	**0**	**N**
Religion or Belief	**1**	**0**	**N**
Sexual Orientation	**1**	**0**	**L**
Socio-economic Deprivation	**2**	**-2**	**M**
Welsh Language	**1**	**0**	**N**

Scoring Chart A: Evidence Available	
3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

Scoring Chart B: Potential Impact	
-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

Scoring Chart C: Impact	
-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

Form 6 Outcome

You are advised to use the template below to detail the outcome and any actions that are planned following the completion of EqIA. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research.

Will the Policy be adopted?	**This is an EqIA of the planned interim service change at BGH and will be used to monitor any impacts (unforeseen or otherwise) brought about by the proposed model. This document will be updated if required.**
If No please give reasons and any alternative action(s) agreed.	**N/A**
Have any changes been made to the policy/ plan / proposal / project as a result of conducting this EqIA?	**N/A**

What monitoring data will be collected around the impact of the plan / policy / procedure once adopted? How will this be collected?	Patient experience data and review. Monitoring of incident and complaints
When will the monitoring data be analysed? Who will be responsible for the analysis and subsequent update of the impact assessment as appropriate?	Weekly analysis will be undertaken as a part of the review process. Internal escalation (if indicated) will be made to the Directorate Q&S meeting in the first instance. Significant impacts if seen will be escalated via corporate reporting mechanisms as required.
Where positive impact has been identified for one or more groups please explain how this will be maximised?	The Paediatric guidelines are specific to children and young people inclusive of those who have disabilities and live in Ceredigion, Powys or Gwynedd (or visiting the catchment area at time of need) The guidelines are there to ensure children and young people receive the right care at the right place at the right time.
Where the potential for negative impact on one of more group has been identified please explain what mitigating action has been planned to address this. **If negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan / project / proposal regardless, please provide suitable justification.**	The transfer of children and young people from BGH to GGH could incur additional transport and accommodation costs for the families/ carers. Eligible families will be advised of the process to claim back costs. Further work is being undertaken to consider transport/ accommodation options.

Form 7 Action Plan

	Actions (required to address any potential negative impact identified or any gaps in data)	**Assigned to**	**Target Review Date**	**Completion Date**	**Comments / Update**
1	Monitor how many patients have required admission to GGH on a monthly basis, considering equality metrics to confirm / inform EqIA and identify any unforeseen impacts	Senior Nurse-Paeds	Monthly	TBC	
2	LGBTQ+ related training sessions to continue to be offered to staff	EDI team	Reviewed quarterly	Ongoing	
3	Sensory loss e-learning mandatory training for all employees	Diversity & Inclusion (D&I) Team L&D	Reviewed quarterly	Ongoing	Sensory loss e-learning module available to staff on ESR.
4	Offer specialist training to staff on how they can improve service delivery and support persons with a disability and sensory loss when accessing services	Diversity & Inclusion Team L&D	Reviewed quarterly	Ongoing	D&I team have promoted the following specialist training to staff over the last 12 months: Introduction to BSL Level 1 & DDBA training. Understanding Charles Bonnet Syndrome. Epilepsy Awareness Training. Introduction to Autism Sensory loss e-learning module available to staff on ESR.

					Future action: Source further training & promote to staff.
5	Managers to continue monitoring staff mandatory training records to ensure that all staff have completed basic 'Treat me fairly' e-learning	L&D	Reviewed quarterly	Ongoing	Part of the Health Board policy is that staff complete their mandatory training. This is monitored and reported as part of the performance management framework for the organisation.
6	Continuation of diversity and inclusion implementation plans which includes raising awareness amongst staff and delivering training programmes to help staff who work with people who have autism and learning disabilities to enhance communication and effectiveness of care delivery	Diversity & Inclusion Team L&D	Reviewed quarterly	Ongoing	D&I team have promoted the following specialist training to staff over the last 12 months: Introduction to Neurodiversity and Autism training sessions delivered via MS Teams. Understanding Autism e-learning module available to staff on ESR. Respectability staff network facilitated by D&I team. D&I team to continue sourcing available training on disability awareness.
7	Increase staff training around religion and belief	D&I Team L&D	Reviewed quarterly	Ongoing	D&I team to promote any training opportunities around religion and belief.
8	Continue to monitor progress against actions within its bilingual skills strategy, more than just words, strategic framework.	Welsh language team	Reviewed quarterly	Ongoing	These recommendations have been noted and will be addressed as part of programme/ scheme development.
9	Awareness for staff and public on how parents who are eligible can claim back their transport costs, as some people will not be	Service & Communications	TBC	Ongoing	National guidance applies for patients/ families in receipt of benefits.

	aware of what they can claim for and staff could make sure that information is available				Parents etc. needing support should discuss with the nursing teams wherever they access care.
10	Revision of nursing workforce (recruitment) plan to improve baseline staffing position- to include assessment of Internationally Educated Nurses	HoN Paeds	TBC	TBC	
11	In collaboration with communications team, work to prepare reactionary communications as well as to confirm whether any targeted communications are necessary (e.g. children/ families who may require transfer to GGH	SDM Paeds Director Communications	Monthly	TBC	
12	Monitoring of support requirements in relation to Meurig staff in terms of training and development – and any addition al needs if indicated	HoN BGH & Paeds	Monthly	Ongoing.	

EqIA Completed by:	**Name**	Nick Williams Davies
	Title	Service Delivery Manager – Acute Paediatric and Neonatal Services
	Team / Division	Women's & Children's Directorate

	Contact details	nick.williams-davies2@wales.nhs.uk
	Date	18 September 2024
EqIA Authorised by:	**Name**	Lisa Humphrey
	Title	General Manager Women's & Children's Directorate
	Team / Division	Women's & Children's Directorate
	Contact details	lisa.humphrey@wales.nhs.uk
	Date	18 September 2024
Seen by Diversity & Inclusion Team:	**Name**	Eiddan Harries
	Title	Senior Diversity and Inclusion Officer
	Team	Strategic Partnership Diversity & Inclusion
	Contact details	eiddan.harries@wales.nhs.uk
	Date	18 September 2024