



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 March 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Report of the Chair
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mrs Judith Hardisty, Interim Chair
SWYDDOG ADRODD: REPORTING OFFICER:	Mrs Judith Hardisty, Interim Chair

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

To provide an update to the Board on relevant matters undertaken by the Chair of Hywel Dda University Health Board (the Health Board) since the previous Board meeting.

Cefndir / Background

This overarching report highlights the key areas of activity and strategic issues engaged in by the Chair and also details topical areas of interest to the Board.

Asesiad / Assessment

Chair's Action

There may be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances the Chair, supported by the Director of Corporate Governance as appropriate, may deal with these matters on behalf of the Board.

There has been one such action to report since the previous meeting of the Board (attached as Appendices 1, 2 and 3), which relate to the approval of the Children's Framework Contract for the provision of Children's Continuing Care Services commencing from 1 April 2024 to 31 March 2027.

Board Seminar 22 February 2024

Annual Plan

Members received an update on the development of the Annual Plan 2024/24. There was a clear understanding from Board Members of the scale of the financial challenges at hand, and discussion took place regarding potential areas for operational changes that have been put forward by Directorate Leads which, following a robust quality impact assessment process, could provide opportunities for savings to improve the financial position. Reflecting upon the challenges, it was understood that the planning process will be continuous during the year

ahead and difficult choices will be required by the Health Board. It was agreed that a follow up Board Seminar session would be arranged in March to present more coherent and consolidated proposals for discussion ahead of presentation for Board approval in March.

An update was provided on the revised Planning Objectives for 2024/25, which are being refreshed and streamlined to provide Specific, Measurable, Achievable, Relevant and Time Based (SMART) focussed objectives and will be presented for Board approval. Members noted that, when further detail is received from Welsh Government on the Targeted Intervention escalation, this will also set the tone for the annual planning process.

Extraordinary Board Seminar meeting 13 March 2024

Annual Plan

Members received a slide set on the development of the annual plan 2024/25 which will try to meet over a period of time the £44.8 million control total set by Welsh Government and the impact this is likely to have on the population. The unlikelihood of the Health Board meeting the expected control total due to historical configurations and challenges being experienced across the system was emphasised. Members requested further clarity as to why the control total cannot be met and what impacts this would have, and it was agreed that this would be addressed. Discussion took place regarding additional funding requirements for Planned Care waiting list recovery, which will be scrutinised at the Strategic Development and Operational Delivery Committee and the Interim Chief Executive Officer (CEO) requested wider resources are utilised to provide a clearer perspective and academic insights on health outcomes and efficiencies to aid Board decision making on additional funding. Members were made aware that in terms of the annual planning next steps, the CEO's focus in Quarter 1 of 2024/25 will be on Directorate budget grip and control, the Executive Team review, and the development of a Performance Framework. The CEO will also review the Primary and Community Care Strategy to clarify next steps and timelines. Further discussion will take place at Board on whether to initiate budget and funding planning in Quarter 1 2024/25 for the next two or three years.

Clinical Services Plan

Members received an update on the Clinical Service Plan, and the 'issues reporting' methodology undertaken by steering and project groups to look at specific fragile services, with careful consideration given to the Membership of the groups. The 'issues report' findings provided Members with an understanding of the challenges experienced by specific services in the Health Board, as well as what works well. Members noted that since the initial scoping exercise undertaken, additional services are now facing similar challenges, which will need to be evaluated using the same methodology.

Members noted the significance of proactive clinical leadership, regional collaboration solutions and appropriate service design to meet the demands of the population. In terms of the next steps, detailed findings will be presented to Board in March for a decision on the scope of the next phases of the programme for each service, including understanding which services require an options appraisal and to review configuration to deliver sustainable services for the interim years until the development of the proposed new hospital.

Accountability Review

The Minister for Health and Social Care recently made a written statement providing an update regarding the ongoing review of accountability arrangements within NHS Wales. The findings and recommendations of the Ministerial Advisory Group will be published later in the year for consideration by the Minister for Health and Social Care.

Ministerial Away Day

All chairs of health bodies in Wales were recently invited to spend the day with the Minister for Health and Social Care, together with the Deputy Ministers for Social Care and Mental Health.

During the day, we held discussions on a number of important topics including transformation via digital improvements, increasing productivity and NHS Exec developments. The feedback from these discussions has helped to inform our discussions regarding our plans for the future.

Senedd Reform

Welsh Government has set out plans for changes to the Welsh Parliament through the Senedd Cymru (Members and Elections) Bill and the Senedd Cymru (Electoral Candidate Lists) Bill.

The key proposals in the Senedd Cymru (Members and Elections) Bill are:

- Increasing the size of the Senedd to 96 Members.
- Changing the electoral system to one fully based on the principle of proportional representation. From the 2026 Senedd election, the D'Hondt formula will be used.
- Making 16 new Senedd constituencies, which will be created by pairing the 32 new UK Parliamentary constituencies for the 2026 Senedd election.
- Six Members will be elected, from closed lists, in each of the 16 constituencies.
- Increasing the limit on the number of Welsh Ministers who can be appointed from 12 to 17 (plus the First Minister and the Counsel General). Welsh Ministers will have the ability to further increase the number to 18 or 19, but only with the Senedd's approval.
- Giving Members of the Senedd the flexibility to elect a second Deputy Presiding Officer
- Making it law that all candidates for Senedd elections must live in Wales.
- Holding Senedd elections every 4 years from 2026 onwards.

In addition, the second bill proposes to make the Senedd more representative of the gender make-up of the people of Wales.

If each Bill is passed it is anticipated that the changes will take effect from the 2026 Senedd Election.

Welsh NHS Confederation recently held a helpful seminar setting out the details of the Bill and discussing the potential implications for the interface between health boards, members and the Welsh Parliament.

Key Meetings

The following meetings have been attended:

- NHS Chair Mid Term Appraisal (Ministerial)
- NHS Confed Chairs Group
- ARCH Partnership Meeting
- Chairs Peer Group
- Chair's Commendation Awards
- Chairs Ministerial Away Day
- West Wales RPB Conference and Awards ceremony
- Ministerial Meeting with Chairs and CEO's
- Team Wales Event

Board Member Patient Safety Walkabouts

Historically, Board Members have undertaken formal and informal visits to both acute and primary care teams across Hywel Dda. These visits are really important to listen to staff and understand the current challenges and successes with learning from the events reported to the Quality, Safety and Experience Committee. Since the Board was last updated, the following areas have been visited:

Location	Wards/Departments
Bronglais Hospital (BGH)	Library, Postgrad Centre (Corporate Areas), Meurig Ward, Medical Day Unit, Discharge Lounge, Outpatients, Audiology, Radiology, Pathology, Blood Sciences, Enlli Ward (Mental Health)
Glangwili Hospital (GGH)	Towy Ward, Teifi Ward, Steffan Ward, Gwenllian Ward, Ceri Ward, Dewi ward, Surgical Assessment Unit, Preseli Ward, Dinefwr Ward, Cilgerran Ward, Special Care Baby Unit (SCBU), Antenatal Triage, Midwifery Led Unit, Labour Ward, Merlin Ward, Padarn Ward
Prince Philip Hospital (PPH)	Y Banwy Ward, Physiotherapy Department, Outpatients, Radiology, Fracture Clinic, Electrocardiogram (ECG) Department, Theatres, Outpatients (Scheduled Care)
Withybush Hospital (WGH)	Ward 11, Ward 12, Bro Cerwyn, St Non's (Mental Health), A&E, Same Day Emergency Care (SDEC), Minor Injuries Unit (MIU), Critical Decisions Unit (CDU) (Unscheduled), Outpatients, Radiology, Fracture Clinic, ECG Department, Withybush, Mortuary and Blood Sciences, A&E, Adult Clinical Decision Unit (ACDU), Puffin Ward
Community Hospitals	Tregaron Community Hospital

Celebrating Success/Awards

Malnutrition Awareness Week.

For the third year running, one of the teams from Hywel Dda University Health Board's Nutrition and Dietetics service has received high praise for its work during the recent UK-wide Malnutrition Awareness Week. Malnutrition Awareness Week (MAW) is an annual UK initiative led by the British Association for Parenteral and Enteral Nutrition (BAPEN). As part of a national annual survey undertaken during the week, members of the health board's Nutrition and Dietetic team organised the screening survey on hospital wards and in community settings.

Thomas Cooze and the Carmarthenshire team were so successful that they were announced as the top screener in Wales by BAPEN, meaning they completed and collected the highest number of screening surveys on patients. The data gathered will be used to support our work, within both acute and community settings, to identifying those at risk from malnutrition, so that we can continue to identify and prevent its occurrence.

Arts Boost to Support Children and Young People

Arts Boost, an award-winning programme designed to reduce feelings of distress and improve mental health through the arts is returning for 2024 for children and young people known to the Hywel Dda University Health Board's (UHB) Specialist Children and Adolescent Mental Health Service (S-CAMHS). Arts Boost launched in 2022 in response to the growing numbers of children and young people seeking support for their mental health from S-CAMHS. Now in its third year, the Health Board is working with three arts partners, Span Arts in Pembrokeshire, People Speak Up in Carmarthenshire, and Small World Theatre in Ceredigion to deliver an artist-led creative mixed media activity called 'Creative Freestyling'. The programme is available to children and young people known to Hywel Dda UHB's S-CAMHS aged 12-17 years old with mild to moderate mental health difficulties across Carmarthenshire, Pembrokeshire and Ceredigion.

Health Board Celebrates Success of Welsh Language Programme

The Health Board introduced the Confidence Building Officer role in 2023, funded by the National Centre for Learning Welsh, to provide short courses for staff to improve their Welsh language skills and confidence. The courses have been very successful with 121 staff members attending from various fields such as nursing, mental health and administration. The courses aim to change linguistic habits and increase the use of Welsh in the workplace. Following its success, the full-time confidence building officer role will continue for another 12 months. The goal is to offer more courses and target staff who have direct contact with patients, such as school nurses, porters, and staff working in the dementia field.

Investors in Carers Award Scheme

The Investors in Carers scheme is designed to help health, social care, third sector and other organisations focus on, and improve, their carer awareness and the help and support they give to carers. The scheme is delivered by the Health Board and is supported by its local authority and third sector partners in Carmarthenshire, Ceredigion and Pembrokeshire. I would like to congratulate the following teams on attaining bronze level awards:

- Frailty Team at Bronglais Hospital (BGH), Ceredigion
- St Non ward in Bro Cerwyn, Pembrokeshire

Long Service Awards

In 2019, we introduced the Long Service Awards in recognition of staff who have given the most hours, days and years to serving the local NHS across different professions across Carmarthenshire, Ceredigion and Pembrokeshire. We wanted to celebrate staff who have reached milestones working within the NHS. I and other Independent Members have been privileged to meet them personally to present them with their award, listen to their experiences during their 40 years of service, to their advice and to thank them on behalf of the Board.

Employee	Position/Location
Liz Collins	Professional Development Lead for Risk and Governance, Withybush Hospital (WGH)
David Hawkings	Senior Nurse Manager, WGH
Gareth Harries	Theatre, Glangwili Hospital (GGH)
Meinir Harries	Clinical Lead Nurse Ceredigion Community, Aberaeron Integrated Care Centre
Paul Davies	Pathology, BGH
Margaret Evans	Chief Clinical Physiologist, GGH
Julie Brennan	Bereavement Service Manager, Ty Cymorth
Andrew Grant	Advanced Audiology Practitioner, GGH
Sian Southgate	Paediatric Diabetes Specialist Nurse, BGH

Chair's Commendation Awards

The Chair's Commendation Awards aim to celebrate the outstanding dedication of our colleagues. There will be one winner for each award chosen by an impartial panel of staff members each month. If you have witnessed a colleague or team go beyond the requirements of their role to demonstrate our values to an exemplary level then please nominate them for a Commendation Award. The awards event took place on 20 February 2024, with the following awards presented.

Compassion Award

For an individual who has demonstrated compassion to an exemplary level and worked above and beyond the normal requirements of their role to ensure that people are at the heart of everything they do.

October 2023	November 2023	December 2023
Compassion Award Winner – Angelo Rossi	Compassion Award Winner – Heather Whalley	Compassion Award Winner – Joana Taborda
Compassion Award Highly Commended – Islam Abdelrahman and Caitriona Quinlan	Compassion Award Highly Commended - Chloe Mannion and ITU Team	Compassion Award Highly Commended - Huw Watkins and Clare Emanuel

Collaboration Award

For an individual who has demonstrated an exceptional ability to foster collaboration, communication and co-operation among partners, colleagues and stakeholders.

October 2023	November 2023	December 2023
Collaboration Award Winner - MDT from Maternity and Neonates	Collaboration Award Winner - Ophthalmology WGH team	Collaboration Award Winner – Will Evans
Collaboration Award Highly Commended - Sustainable inhaler prescribing Initiative and Ystwyth Ward Admin Team	Collaboration Award Highly Commended – Marc Chandler and Primary Mental Health and Specialist Child and Adolescent Mental Health (S-CAMHS) at Ty Helyg	Collaboration Award Highly Commended – Kate Wilkinson

Innovation Award

For an individual who has significantly improved a work process or system / has significantly increased the efficiency of an operation, department or team unit.

October 2023	November 2023	December 2023
Innovation Award Winner - Clara Barnes	Innovation Award Winner – Pembrokeshire Community Diabetes CNS Team	Innovation Award Winner – Long Term Care Team

Innovation Award Highly Commended - Steffan Ward, GGH and GGH Critical Care Team	Innovation Award Highly Commended – Frances Howells, Tracey sanders, Andrea Williams and Hemali Hughes	Innovation Award Highly Commended – Sioned Burrell and Steven Peebles
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Chair Update

In order to ensure continuity whilst Welsh Government progress the Chair’s recruitment process, my post as interim Chair has been extended until 31 May 2024.

Chair Appointment

On 20 March 2024, Eluned Morgan MS, Minister for Health and Social Services, announced that Dr Neil Wooding has been appointed as the new Chair of Hywel Dda University Health Board. This appointment is subject to a pre-appointment hearing on 25 April 2024.

Neil is an experienced leader and Board member. He has spent his career as a public servant and worked within senior roles in central, regional, and local government as well as the NHS and the third sector. Most recently as an Executive Director in the Cabinet Office and the Chief People Officer in the Ministry of Justice (2018-2021).

I am delighted that Neil has been appointed to the role of Chair at Hywel Dda. I have had the pleasure of working with Neil in the past, and I look forward to working with him to ensure a smooth hand over as he steps into the role. In addition to his professional experience, Neil is also a member of our local community and has first-hand experience of our services. Holding the role of Chair is a privilege, and I am confident that under Neil’s guidance and leadership Hywel Dda will be in safe hands.

Associate Member Update

I am pleased to announce that, following approval by the Minister for Health & Social Services:

- Jeremy Hockridge has been appointed Chair of the Stakeholder Reference Group, for a period of one year.
- Michael Gray has been appointed as the Social Services Representative, for a period of one year.

Jeremy and Michael will now attend Board meetings as Associate Members of the Board.

Argymhelliad / Recommendation

- **SUPPORT** the work engaged in by the Chair since the previous meeting and note the topical areas of interest;
- **RATIFY** the action undertaken by the Chair on behalf of the Board, detailed in Appendices 1, 2 and 3.

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
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Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership 2. Culture and valuing people
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	6. Contribute to global well-being through developing international networks and sharing of expertise 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Chairman's Diary & Correspondence
Rhestr Termiau: Glossary of Terms:	Included within the body of the Report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Chairman

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No impact
Ansawdd / Gofal Claf: Quality / Patient Care:	Ensuring the Board and its Committees make fully informed decisions is dependent upon the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
Gweithlu: Workforce:	No impact
Risg: Risk:	No impact

Cyfreithiol: Legal:	No impact
Enw Da: Reputational:	No impact
Gyfrinachedd: Privacy:	No impact
Cydraddoldeb: Equality:	No EqIA is considered necessary for a paper of this type.

Appendix 1 - Register of Chairman’s Actions 2023/24

Serial No.	Requesting Department	Details of Request	Cost, where applicable	Date Issued	Date Signed by Chair
131	Finance Directorate	To approve the Children’s Framework Contract for the provision of Children’s Continuing Care Services commencing from 1 April 2024 to 31 March 2027.	£2,817,411.90	02.02.2024	22.02.2024

CHAIRS ACTION MEETING

Date and Time of Meeting:	10:45am, 15 February 2024
Venue:	MS Teams

Present:	Mrs Judith Hardisty, HDdUHB Interim Chair Mr Maynard Davies, Independent Member Mr Iwan Thomas, Independent Member
In Attendance:	Huw Thomas, Director of Finance Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary Ms Lisa Humphrey, Interim General Manager Glangwili Hospital Ms Tracey Humble, Service Delivery Manager for Community Paediatrics) Mrs Katharine Fletcher, NWSSP – Procurement, Deputy Head of Operational Procurement Ms Karen Richardson, Corporate and Partnership Governance Officer

CA131	CHILDREN'S FRAMEWORK CONTRACT: CONTRACT FOR THE PROVISION OF CHILDREN'S CONTINUING CARE SERVICES	Action
	<p>Mr Huw Thomas provided an overview advising that the Provision of Children's Continuing Care Services Contract is significant and for assurance confirmed that it has been scrutinised at the Core Delivery Group (CDG) a number of times. In particular discussions focused on the ability of the new provider to recruit staff and wider patient quality concerns, during the transition. The intention had been that this report would have been presented to SRC, however due to timing constraints, Chairs Action is needed.</p> <p>Prior to the meeting, a number of queries on the contract had been raised by the Chair and Independent Members, and whilst a written response was received, given that Members had not had sufficient time to review the detail, for assurance purposes, Mrs Judith Hardisty agreed to go through each question in turn.</p> <p>Timescale – understand why the tender has been issued so late Ms Lisa Humphrey advised that the tendering process commenced in January 2023 which should have allowed plenty of time to complete the activity, however there was a delay in the time taken for the service to review the previous specifications to ensure a more robust and value for money service. Mrs Katharine Fletcher added that a further delay was due to the approval turnaround by Welsh Government (WG), which is normally 15 days however took over 8 weeks. Without WG approval, the tender could not be issued. If timelines had gone to plan, this would have been presented to SRC in December 2023 and Board in January 2024.</p> <p>In response to a query from Mrs Hardisty as to whether the WG delay was escalated, Mr Huw Thomas advised he was not aware of the delay and suggested that there should be a process established in order to escalate such delays in future. Mrs Hardisty suggested that an internal escalation process is put in place and that this matter is raised at the next Shared Services meeting.</p>	HT

What background checks have been made on the directors of the new provider and are there any historic accounts to vouch their financial viability?

As part of the tendering process Mrs Fletcher advised that all suppliers are checked to ensure they are viable, including contacting companies house.

Are Next Steps a Welsh company and where would they recruit the staff from? Have checks been undertaken to ensure the new provider Next Step Nursing has the capacity to take on the existing children's care packages. What are the risk management arrangements should the provider run out of capacity?

In terms of staffing, Ms Humphrey confirmed that this question asked as part of the tendering process and were advised by Next Steps that they would undertake a marketing campaign for local staff and a dedicated team will be resourcing for additional requirements in Wales. In addition, the company will be able to utilise a UK wide talent pool should staff need to be brought in to the local area to be able to support services because of the unique needs of a patient whilst local staff are trained. It should be recognised that the service provided by the current provider has been patchy and that the Health Board have had to utilise either agency staff or our staff to cover the gaps in service, therefore it is essential that the new supplier can deliver the contract in full.

Mr Iwan Thomas enquired to the number of staff that will be part of the Transfer of Undertakings Protection of Employment (TUPE) rights process and further requested assurance that Next Steps have a working knowledge of our locality, in particular Welsh speaking staff for our patients. In response to the first query, Ms Tracey Humble confirmed that as part of the procurement process, a check is undertaken on which staff are being transferred to the new supplier, in addition clarification was requested and received assurance from the response received. For contextual purposes, Ms Humphrey advised that Next Steps have experience of working in Wales for 7 years, with circa 7,000 nurses. Mrs Fletcher added that currently 19 staff are working in other Health Boards in Wales. However, for clarity, Mr Huw Thomas advised that these nurses are working as agency nurses not as a full-service provider as per this contract. It should also be acknowledged that only 1 provider (Next Steps) responded to the tender.

In response to a query from Mr Maynard Davies regarding TUPE skilled staff, Ms Humble advised that the current provider has shared the details with Next Steps which should provide continuity for patients as they should continue to receive care from the same nurses.

In response to a further query from Mr Davies, Ms Humble confirmed that as part of the contract there is a process to monitor delivery which is embedded in the contract. As detailed earlier, if there are any gaps in service provision, the Health Board team would need to provide care ensure that families have care; consequently impacting on other parts of the system. From a legal perspective, there are no official break points in the contract, although the NHS Wales standard terms and conditions for the provision of services would allow the Health Board to terminate the contract for non or poor performance.

Are there any other providers at other Health Boards that could be asked to support from a clinical risk management point of view?

Ms Humphrey advised that the tender was issued as 2 lots based on locality:

Lot 1 – Carmarthenshire

Lot 2 – Pembrokeshire and Ceredigion

Bidders were welcomed to apply for 1 or both lots. Of the thirteen suppliers who viewed the tender, we received 1 response who tendered for both lots.

What is the length of the contract and when are the break points for evaluating the quality of the service?

Ms Humphrey confirmed that the contract term is 3 years with the option to extend for a further one 1 year. Total 4 years maximum term.

Is there a potential to provide an inhouse service or to develop a bank?

In response to both of these questions, Ms Humphrey advised that the in house costs and risks are included as part of a mitigation plan if tender is not approved in order to ensure that there would be no gap in service provision.

Does there have to be the same model across Hywel Dda – could the service vary by County?

Mrs Hardisty understood that due to only 1 tender bid being received, only one model is possible.

In response to a query from Mrs Hardisty in terms of the financial implication of approving the contract, Mr Huw Thomas advised that these have been included within next year's financial plan, however recognised this money would be an additional savings requirement.

Mrs Hardisty understood that the numbers of children receiving additional support does not fluctuate, however enquired how this would be managed if the numbers of children increased. Ms Humphrey advised that the service is aware of a number of children who currently do not require additional support. Ms Humble added that continuing care packages are reviewed on an annual basis and where circumstances change, the team would review the child and amend the care provided accordingly.

Mrs Hardisty referred to a comment from the Julie Morgan MS, Deputy Minister for Health and Social Services stating that WG are looking at removing the profit element for contracts relating to children's care and enquired whether this needs to be considered when awarding this contract. Mr Huw Thomas understood that this related to excess profits, however agreed to raise with Shared Services.

Whilst believing that this is unrealistic in practice Mrs Hardisty requested it was recorded that the Health Board was aware, and that no advice has been received during the process. For completeness, Mrs Fletcher confirmed that the tender was included in a briefing paper to WG in September 2023 however no comments in this regard were received. A ratification paper will be issued to WG following approval, which would enable WG to provide further comments.

Mrs Hardisty requested that any issues with the contract going forward should be escalated to the Executive Team and Board.

HT

On the basis of the assurances received, the award of a three-year contract for the Provision of Children's Continuing Care Services to Next Step Nursing, commencing from 1 of April 2024 to 31 March 2027 with the option to extend by a further one year subject to funding being available was **APPROVED** by Chairs Action, for onward ratification by Board.



PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 February 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Children's Framework Contract: Contract for the Provision of Children's Continuing Care Services.
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Tracey Humble, Service delivery Manager, Community Paediatrics Lisa Humphrey, General Manager, Women and Childrens Directorate

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

The Regional Children's Framework Contract for the provision of Children's Continuing Care (CCC) Services expires on 31 March 2024.

The Community Paediatric Service, led by Senior Procurement Business Manager, NHS Wales Shared Services Partnership (NWSSP) - Procurement Services have been through the tendering process to establish a new provider for the provision of CCC.

The Committee is asked to approve the tender from Next Step Nursing to provide CCC to the children and young people within the Hywel Dda University Health Board footprint, for onward ratification by the Board.

Cefndir / Background

The generic Children's Community Nursing Service (CCNS) with the CCC Services were integrated in 2017/18 with the aim of facilitating prudent healthcare delivery with a small nursing workforce. The nurses were upskilled to be able to manage both generic and continuing care across the Health Board and a dedicated Nurse Assessor identified to enhance and streamline the continuing care process. A traffic light system approach to the acceptance of referrals was adopted to facilitate this change. The direct care element of CCC packages continued to be commissioned.

Hywel Dda University Health Board (HDdUHB) currently commissions two providers from the third sector to deliver care for children and young peoples' continuing care packages within Pembrokeshire, Ceredigion, and Carmarthenshire. The overall responsibility of the children and young peoples' continuing care packages lies with the CCNS.

Direct client care is commissioned for two categories of client need. The categories are not mutually exclusive but acknowledge that there is often a predominant need:

- Children and young people with complex medical or physical health needs (where these needs are predominant)
- Children and young people with additional needs, for example a learning disability, behaviours that challenge, Autistic Spectrum Disorders (ASDs) or a mental health disorder (where these needs are predominant).

Within each of the two categories of client need described above, there are two levels of care that can be commissioned which may be delivered in the home, education, or social care setting:

- Basic care — this would include a range of basic health and social care tasks and it is anticipated that all children and young people for whom the service is being commissioned would require this aspect of care.
- Enhanced care - this would include additional specialist health and social care tasks, in addition to the basic care needs of the child or young person.

The service provided by HDdUHB currently undertakes the clinical assessment, monitoring, and supervision of the health care package, as well as training and assessing the competency of care provider staff, where necessary.

The delivery of CCC packages requires strong partnership working between agencies, professionals, families or carers, and the child or young person to meet the holistic need.

The Children's Framework Contract for the provision of CCC Service direct care expires on 31 March 2024.

Asesiad / Assessment

Prior to the expiry of the current contracts, the CCC Service considered bringing the direct care element of CCC internally, through the Health Board's Enabling Quality Improvement in Practice (EQliP) programme, rather than continuing to commission services externally.

This was undertaken by representatives of the Children's Community Nursing Service and the Health Board's Finance Business Partner. The current service model would require an Organisational Change Process (OCP). It was recognised that to bring the service in-house would require moving from a five-day-a-week 9 am to 5 pm service to a seven-day-a-week, twenty-four-hour service.

It was concluded in EQliP that this approach would not be easily achievable due to the need for a significant uplift in staffing establishment given known national issues with staff recruitment and retention as well as sickness absence, cost of training, management structure and long-term sustainability.

Following an advert being placed on Sell2Wales and published in accordance with the EU Procurement Contract Regulations ("PCR") 2015. NWSSP Procurement Services, on behalf of HDdUHB, undertook the tendering process and one response was received.

The two incumbent providers did not submit a tender with one of the current providers offering the following reasons:

- They were unable to firmly guarantee to deliver on the service specification and felt that it would be misleading to claim otherwise.

- They felt it was a challenge to cover the current care packages they have, let alone commit themselves to pick up new packages in the future.

This feedback is reflective of the national picture regarding the care sector, which has been well covered in the media following the COVID-19 pandemic.

The current contract costing shown in the table below, does not recognise current hidden costs to the Health Board. The hidden costs are due to training and education, providing staff for shadowing and covering unfilled rosters. If the Health Board awarded the contract to Next Steps Nursing, the run rate below would be significantly reduced if not eradicated as the application bid includes access to a structure of staffing inclusive of a Clinical Lead Nurse for training and supervision. Next Steps Nursing have also indicated that they can fulfil rosters for all Children's and Young Persons care packages eradicating the current spend for Bank and Agency staffing.

Costs to Health Board	2021/22	2022/23	2023/24	TOTALS
On Call/Additional hours	£15,849.00	£8988.00	£9933.00	£35,378.00
Bank and Agency	£18,535.00	£15,605.00	£14,122.00	£48,262.00
Total	£34,384.00	£24,593.00	£24,055.00	£83,032.00

The tender was evaluated using weighted decision criteria, based on technical, social value and financial considerations.

Category	Weighted Score
Technical	50%
Social Value/Foundational Economy	20%
Commercial	30%

Next Step Nursing were the only bidder. The bid exceeds the current cost representing a 40% cost increase. A credit report was run for Next Step Nursing; the Dun and Bradstreet rating was 2A2, which indicates low risk.

Current value of contract with commissioned supplier (per annum exc. VAT),	£502,167.00
Additional cost for internal staffing and agency	£27,677.00 (average yearly cost)
Subtotal of CCC current expenditure	£529,844.00
Proposed value of new contract (per annum exc. VAT)	£704,352.97
Current allocated budget for CCC care packages	£572,508.00

Increased budget required if Tender approved	£131,845.00
Proposed total value for new contract (3 years): exc. VAT	£2,113,058.91
Proposed total value of new contract (3+1 years): exc. VAT	£2,817,411.90
Options appraisal of costing if new contract is not awarded per annum	
Internal Nurse Bank predicted costing inclusive of uplift in substantive staff to manage the service operationally and cover on call provision*.	
Band 5	£645,845
Lead Nurse mid-point Band 7	£58,600
On call for Band 6	£10,585
	Total £715,030.00
On contract Agency predicted costing	£981,949.21

* Internal Nurse Bank options have been scoped frequently over the last two years and experienced similar issues to the third sector in being notoriously difficult to recruit interest for shifts to cover CCC. There are currently insufficient numbers of paediatric staff to cover these packages via Nurse bank. This will increase the probability of children and young people becoming long term ward attenders. Indicative in-patient paediatric bed day cost per patient is £1026.41.

Current Challenges in Ensuring Service Quality

During the current contracts, there have been extended periods of time where rosters have not been fulfilled due to retention and recruitment issues faced by the commissioned providers. This has reflected the national picture with third sector care providers following the COVID-19 pandemic. This has significantly impacted the quality of the service provided to children and young people and their families.

On occasions, during the current contract, the service has also had to fulfil rosters via registered nurse agency staffing which restricts the continuity of care. In extreme circumstances, the service has had to seek support from secondary care to support individual care needs which otherwise could be delivered in the community. The current CCNS Team have also consistently worked beyond their contracts, this level of commitment is not sustainable and reduces the quality of the service we can provide to the wider children and young people population in Hywel Dda. The significant demand on time also impacts the support we can offer to secondary care to facilitate earlier discharge from hospital to home.

Identified Risks if Tender is rejected

There is a risk that the Health Board would be unable to recruit substantively to internal new posts, due to the significant uplift required. This is further impacted by the geographical footprint of the Health Board and the rurality of some packages where there are already wider recruitment concerns such as Ceredigion. This has also been reflected in recent vacancies for unregistered staff within the Children's Community Nursing Service where the number of applicants has been minimal. The Children's Community Nursing Service is a small specialist workforce which also does not meet the Royal College of Nursing's recommendations for the establishment of a 20-hour WTE for a 50,000 children and young person population.

There is a risk that current care providers will not extend the contract further upon its expiry in March 2024, leaving families with no care in the community. One incumbent provider, who holds the contract for the majority of care packages in Hywel Dda's region, have declined an invitation to extend for three months.

Deploying CCNS-registered staff will require full organisational change as the service model is Monday to Friday 9 am to 5 pm service provision moving to a 7-day-a-week 24-hour service provision. There is also an additional gap in this control as the service will be unable to provide support and care to the wider children and young person population, with the current caseload of 168, likely to impact primary, urgent and secondary services as there will be no capacity within the Health Board's CCNS to facilitate other direct care in the community. This may affect tertiary care also as some staff are up-skilled locally to support children and young people with particular clinical interventions, so there is a risk they will need to travel to the University Hospital of Wales in Cardiff for ongoing routine care.

There is a risk that a lack of care provision will negatively impact the health and wellbeing of children and young people and their families or carers, which may translate to increased ward attendance. There is a risk that should this occur, it will significantly impact urgent and secondary care services due to the pressures that will be placed upon children and young people and their families. There is also a social risk to families that the pressures of 24-hour care for their children or young people will cause family breakdown, impacting on partner agencies such as Local Authorities.

There is a financial risk that the Health Board would need to seek cover from nursing agencies for registered staff which would see a considerable further cost increase.

Overall, there is a risk that the Health Board will not be able to meet the Welsh Government "Children and Young People's Continuing Care Guidance" (2020).

Options appraisal to mitigate risks if Tender submission is rejected

An options appraisal has been undertaken utilising SWOT analysis to consider options for mitigation to provide safe effective care in the event care packages are unable to be transitioned to new provider by 31 March 2024.

Options 1 and 2 both have patient safety and service delivery implications.

- **Option 1 – Paediatric Nurse Bank.**
- **With known** supply issues of Paediatric Bank Nurses, this option could impact on service delivery, increasing risk of patient safety issues and increasing probability of secondary care admissions.

- **Option 2 – Redeployment of Childrens Community Nurses**
- **The lack of** Children's Community Nursing provision across all 3 counties will affect up to 163 children and young people across the Hywel Dda area. This will translate to increased attendance in primary care, Emergency Departments and secondary care services.
- **Option 3 – On contract Next Steps Registered Nurse provision**
- Whilst acknowledging the financial implications, no identified patient safety issues and provides best assurance for service delivery.

Full options appraisal paper attached as Appendix 1.

If the Tender is rejected, there is a considerable financial risk to the Health Board as the recommended Option to mitigate any risks to the Health Board includes On-Contract Registered Nursing Agency provision to enable the continuity of safe service delivery. The estimated additional spend is £51k per month.

Outcome

The panel were satisfied with the quality of the tender submission and with due consideration to the risks identified would like to move to award. Approval is sought to award the contract to the successful bidder, Next Step Nursing.

Argymhelliad / Recommendation

The Committee is asked to approve the award of a three-year contract for the Provision of Children's Continuing Care Services to Next Step Nursing, commencing from 1 of April 2024 to 31 March 2027 with the option to extend by a further one year subject to funding being available, for onward ratification by Board.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.5	Review major procurements and tenders, such as outsourcing, in relation to achieving Referral to Treatment targets.
	3.6	Commission regular reviews of key contracts, suppliers and partners to ensure they continue to deliver value for money.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable	
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply	

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	6b Pathways and Value Based Healthcare 7a Population Health 7c Social model
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	the-children-and-young-peoples-continuing-care-guidance.pdf (gov.wales)
Rhestr Termiau: Glossary of Terms:	CCC – Childrens Continuing Care CYP – Children and Young People CCNS – Childrens Community Nursing Service EQliP – Enabling Quality Improvement in Practice
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Financial Control Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	An Integrated Impact Assessment has been carried out. The tender received exceeds the current budget with a shortfall of £131,845.00 per annum (Appendix 2).
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable
Gweithlu: Workforce:	Not applicable
Risg: Risk:	Not applicable

Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	An Equality Impact Assessment (EQIA) on the commissioning for the provision of Children's Continuing Care Services has been undertaken to assist the Health Board in discharging its Public Sector Equality Duty under the Equality Act 2010. The EQIA has assessed that the service will not have an adverse effect on the individuals affected as all service users will be assessed on the basis of need (Appendix 3).

Children and Young People's Continuing Care (CCC) Procurement Mitigation Plan

Situation & Background.

The procurement of Children and Young People's Continuing Care packages requires the Tender to be approved at Board, due to meet in March 2024. The current contracts expire 31 March 2024, providing little time to transition packages over to a new provider with an estimated lead time of 3-4 weeks (estimate based on current care staff agreeing to TUPE arrangements). There is a risk that current staff will also not be available for TUPE as one current provider has declined to extend the contract past this date and confirmed arrangements to notify staff on 1 February 2024 that the service will cease. This particular contract affects children and young people in Pembrokeshire & Ceredigion with complex physical needs, who require 24hr care, most are ventilator dependant. The current provider for Carmarthenshire has agreed a temporary extension of 3 months.

Purpose

To consider options for mitigation to provide safe effective care in the event care packages in Pembrokeshire & Ceredigion are unable to be transitioned to new provider by the 31 March 2024. To evaluate each option, SWOT analysis has been undertaken.

Recommendation

To proceed with option 3, utilising a block booking approach for April – June 2024 allowing time for Tender to be finalised.

Rationale

Both option 1 & 2 have patient safety and service delivery implications.


Option 1 - known supply issues re Paediatric Bank Nurses, could impact on increase in secondary care admissions.

Option 2 – lack of CCNS provision across all 3 counties affecting up to 163 CYP across Hywel Dda, will impact on primary care/ED/secondary care services.

Option 3 – whilst acknowledging the financial implications, no identified patient safety issues and provides best assurance for service delivery.

Mitigation options					
Option	Strengths	Weaknesses	Threats	Opportunities	RAG rating
Option 1 To utilise Paediatric Nurse Registered Bank staff	Potential continuity of care as current Bank staff are Hywel Dda staff working on Acute wards or Community Teams	Training requirement – CCNS will need to support any identified training needs for Acute nurses. Sustainability - Current Bank provision has been scoped over last few years with little uptake to cover rosters	Financial risk - Requires on call provision as lone working service as well as resource to manage rosters effectively. Impact on secondary care admissions on occasions where Bank nurses cannot be sourced.	Will strengthen current provision for Bank, increased knowledge and skills	
Option 2 To redeploy Childrens Community Nursing Staff	Some continuity of care for CYP and families. Majority of staff will be trained to deliver clinical interventions required.	Option requires all CCNs in Pembrokeshire & Ceredigion and some Carms to be redeployed leaving no specialist service for CYP. Current active CCNS caseload – 160. Over familiarisation/ impact on professional boundaries/staff burnout as caring within home setting. Organisational change, current service 9-5pm moving to 24hrs provision.	Financial risk – requires an on-call provision. Patient Safety – leaves no service in Pembs & Ceredigion and depleted Carms service. Increase in attendance/pressure on Paediatric Acute services/ED/Primary Care across all three counties	Will provide opportunity to evaluate each care package and upskilling of some staff	
Option 3 To utilise on Contract Next Steps Agency Registered Nurses (Specialist)	No requirement for additional training, or on call provision No impact on Acute provision as have community-based RN's. Some continuity of care, on contract agency nurses have worked within care packages.	Will require additional support regarding introductory visits and handover of care to each new RN covering care packages.	Financial risk – Estimated additional spend of £51k per month to utilise agency whilst Tender being approved.	Will build relationships with proposed provider	


Integrated Impact Assessment Tool	Y/N	Evidence & Further Information	Completed By	Evidence (Insert)
Financial/Service Impacts				
1. Has the new proposal/service model been costed? If so, by whom?	Y	An advertisement was placed on Sell2Wales and published in accordance with the EU Procurement Contract Regulations ("PCR") 2015. One bid was received and included the full cost of service from Next Steps Nursing. The costings have been supplied to the Service by the procurement team.	Tracey Humble (TH) / Angharad Davies (AD)	
2. Does the budget holder have the resources to pay for the new proposal/service model? Otherwise how will this be supported - where will the resources/money come from i.e. specify budget code or indicate if external funding, etc?	N	The tender received exceeds the current budget with a shortfall of £131,845.00 per annum. This requirement for resources will increase or decrease depending on the need of the CYP (Children and Young People) requiring Children's Continuing Care.	TH / AD	
3. Is the new proposal/service model affordable from within existing budgets?	N	This is not a new proposal, but a continuation of the current provision with a new provider following the tendering process. Further investment would need to be secured.	TH / AD	
4. Is there an impact on pay or non pay e.g. drugs, equipment, etc?	Y	There will be an increase in non-pay.	TH / AD	
5. Is this a spend to save initiative? If so, what is the anticipated payback schedule?	N	This is not a spend to save initiative. However, by not supporting the request there is likely to be an increase in spending, due to the requirement for unexpected long-term ward stays, increases to LA for residential placement etc. And the need for agency staff.	TH / AD	
6. What is the financial or efficiency payback (prudence), if any?	Y	If the current bid cannot be approved, there is a financial implication for the HB for providing this care from premium agency workforce.	TH / AD	

7. Are there risks if the new proposal/service model is not put into effect?	Y	See full risk assessment. There is a financial risk if unsupported as the HB could see further financial burden of premium Agency Staffing is utilized with a shortfall in budget estimated at £409,441.00. There is also the potential for long term inpatient stays due to the complexity of these CYP, estimated inpatient day bed is more than £1,000.	TH / AD	
8. Are there any recognised or unintended consequences of changes on other parts of the system (i.e. impact on current service, impact of changes in secondary care provision on primary care services and capacity or vice versa, or other statutory services e.g. Local Authorities?)	N	However, if the bid is not approved then there could be unintended consequences for other services such as ED and secondary care as well as increased family unit breakdown placing pressure on our Local Authorities due to the complexity of these CYP.	TH / AD	
9. Is there a need for negotiation/lead in times i.e. short term, medium term, long term? If so, with whom e.g. staff, current providers, external funders, etc?	Y	We would need to negotiate a safe transition and handover from the current providers to the new. We are now aware that at least one current provider will not extend past the expiry date of 31 st March 2024. The new provider has provided an implementation plan which includes leads times. See evidence, a minimum of	TH / AD	 Implementation plan new provider.d
10. Are capital requirements identified or funded?	N		TH / AD	
11. Will capital projects need to be completed in time to support any service change proposed?	N		TH / AD	
12. Has a Project Board been identified to manage the implementation?	Y	Within directorate. Financial prudence forms part of the contract and has been scored from a tendering perspective.	TH / AD	


		Contract monitoring and KPI's with SDM and senior nurse forms part of that contract		
13. Is there an implementation plan with timescales to performance manage the process and risks?	Y	This has been set out within the service specification.	TH / AD	
14. Is there a post project evaluation planned for the new proposal/service model?	Y	This is not a new proposal, but a continuation of the current provision with a new provider following the tendering process.	TH / AD	
15. Are there any other constraints which would prevent progress in implementation?	Y	Only financial constraints.	TH / AD	
Quality/Patient Care Impacts				
16. Could there be an impact on patient outcome/care?	Y	If the bid is not approved, there is uncertainty whether the current providers will extend their contracts further when they expire at the end of March 2024. The CYP eligible for Childrens Continuing Care are often the most vulnerable cohort within our HB. They will be technology dependent and require complex nursing care 24 hours a day, this is above and beyond what can safely be expected from their parent/carer.	TH / AD	
17. Is there any potential for inequity of provision for individual patient groups or communities? E.g. rurality, transport.	N	The new bid improves equity as there will only be one provider for the Hywel Dda footprint, currently we have two. This element has formed part of the service specification for the bidder.	TH / AD	
18. Is there any potential for inconsistency in approach across the Health Board?	N	As above, moving to one provider this should streamline our processes strengthening our approach to Childrens Continuing Care.	TH / AD	
19. Is there are potential for postcode lottery/commissioning?	N		TH / AD	

20. Is there a need to consider exceptional circumstances?	N	We have some CYP within this caseload who are substantial risk and ventilator dependent within our communities. We also have CYP who are single parent or vulnerable families. We also have CYP whose primary carer has the same condition and requires supportive treatment at home for their own health.	TH / AD	
21. Are there clinical and other consequences of providing or delaying/denying treatment (i.e. improved patient outcomes, chronic pain, physical and mental deterioration, more intensive procedures eventually required?	Y	Those who have experienced a lack of consistency within their care packages in the past often experience both a physical and emotional deterioration. The impact effects both the CYP, their families or carers and the wider community	TH / AD	
22. Are there any Royal College standards, NICE guidance or other evidence bases, etc, applicable?	Y	https://www.gov.wales/sites/default/files/publications/2020-03/the-children-and-young-peoples-continuing-care-guidance.pdf	TH / AD	
23. Can clinical engagement be evidenced in the design of the new proposal/service model?	N	This is not a new service model.	TH / AD	
24. Are there any population health impacts?	N	If the bid is approved, there should be no population health impacts.	TH / AD	
Workforce Impact				
25. Has the impact on the existing staff/WTE been determined?	Y	A new contract is eligible for TUPE arrangements	TH / AD	
26. Is it deliverable without the need for premium workforce?	N	If the contract is not awarded, the service cannot be delivered without the use of Agency working.	TH / AD	
27. Is there the potential for staff disengagement if there is no	Y	The current providers have suffered extreme recruitment and retention issues for our packages. CCNS (Children s Community Nursing Service) staff have worked above and	TH / AD	

clinical/'reasonable' rationale for the action?		beyond substantive hours which is not sustainable and leaves the service with no scope to support the wider CYP population within Hywel Dda.		
28. Is there potential for professional body/college/union involvement?	N		TH / AD	
29. Could there be any perceived interference with clinical freedom?	N		TH / AD	
30. Is there potential for front line staff conflict with the public?	Y	The families often present with little resilience, and the service currently have experience of conflict which has required intervention from our Security Team on occasion due to vulnerability our nurses have due to lone working in the community, often during the night.	TH / AD	
31. Could there be challenge from the 'industries' involved?	N	The incumbent providers did not bid for this opportunity.	TH / AD	
32. Is there a communication plan to inform staff of the new arrangements?	Y	The service will inform the current providers as soon as a decision is made. Once consent has been received, contact details will be passed to the new provider to contact the carers as they will all be eligible for TUPE.	TH / AD	
33. Has the Organisational Change Policy been followed, including engagement/consultation in accordance with guidance?	N	This is not applicable unless the Tender cannot be approved.	TH / AD	
34. Have training requirements been identified and will this be complete in time to support the new proposal/service model?	Y	Only if new carers are required as current staff choose not to move across to the new Agency. The new agency has laid out a comprehensive timescale for implementation of both transition and training as part of their Tender and the organisational structure of their team also supports this.	TH / AD	
Risk Impact				

32. Has a risk assessment been completed?	Y	See attached	TH / AD	 Risk Assessment Form Delivery of Chi
33. Is there a plan to mitigate the risks identified?	Y	Wherever possible, however, this does include Agency Staffing to comply with the Welsh Government guidance. Other mitigation would include our own staff if not approved, however this will impact our ability to care for other CYP within the Hywel Dda footprint which will impact on primary urgent and secondary care services.	TH / AD	
Legal Impact				
34. Has legal compliance been considered e.g. Welsh Language: is there any specific legislation or regulations that should be considered before a decision is made?	Y	As part of the Tender process, Welsh language and other needs were considered and form part of the Service Specification and part of the technical evaluation criteria.	TH / AD	
35. Is there a likelihood of legal challenge?	N		TH / AD	
36. Is there any existing legal guidance that could be perceived to be compromised i.e. Independent Provider Contracts, statutory guidance re: Continuing Healthcare, Welsh Government Policy etc?	Y	If not awarded, the HB ability to meet this guidance will be compromised. https://www.gov.wales/sites/default/files/publications/2020-03/the-children-and-young-peoples-continuing-care-guidance.pdf	TH / AD	
37. Is there any existing contract and/or notice periods?	Y	Existing contracts end 31/03/2024, one of the incumbent providers who provides the majority of the care packages has declined our request for a further 3 month extension.	TH / AD	
Reputational Impact				
38. Is there a likelihood of public/patient opposition?	N	Not if the Tender is approved.	TH / AD	

39. Is there a likelihood of political activity?	N		TH / AD	
40. Is there a likelihood of media interest?	Y	Childrens Continuing Care has had high media interest in the last few years due to some failings in Swansea Bay. This has also been witnessed in Cardiff Bay. Although unsubstantiated Hywel Dda have had a CCC case progress to Public Ombudsman . There have also been complaints noted during the period of the current contracts in both Pembrokeshire and Carmarthenshire.	TH / AD	
41. Is there the potential for an adverse effect on recruitment?	N		TH / AD	
42. Is there the likelihood of an adverse effect on staff morale?	Y	Not if the tender is approved	TH / AD	
43. Potential for judicial review?	N		TH / AD	
Privacy Impact				
44. Have the Information Governance Team been contacted about the project to assess whether a Data Protection Impact Assessment (DPIA) needs to undertaken?	Y	The service is working with the IG Team. There may be a requirement for a DPIA if contract awarded.	TH / AD	
45. Has a full DPIA been undertaken – Please contact Information.Governance3@wales.nhs.uk for the template.	N		TH / AD	
Equality Impact (unless otherwise completed as part of the accompanying SBAR)				
46. Has Equality Impact Assessment (EqIA) screening been undertaken – follow link below?	Y		TH / AD	

Equality, diversity and inclusion (sharepoint.com)				
47. Has a full EqlA been undertaken – follow link below? Equality, diversity and inclusion (sharepoint.com)	Y	Only positive impact noted in EqlA.	TH / AD	 Delivery of Children's Continui
48. Have any negative/positive impacts been identified in the EqlA documentation?	N		TH / AD	

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?	Health Board provision of Childrens Continuing Care
2.	Brief Aims and Description	<p>Children's Continuing Care (CCC) is defined as a package of care needed over an extended period for children or young people because of disability, accident or illness, which cannot be met by universal or specialist services alone. Children and young people's CC is likely to require services from health and Local Authority children and young people's services.</p> <p>The Children's Framework Contract for the provision of Children's Continuing Care within Hywel Dda expires on 31st March 2024. Following a recent tendering process one response was received however not from the two incumbent providers who did not submit a tender. The panel were satisfied with the quality of the tender submissions and would like to move to award. An SBAR has been completed and approval is sought to award the contract to the successful bidder, Next Step Nursing.</p> <p>The aim of the SBAR is:-</p> <p>The Committee is asked to approve the tender from Next Step Nursing to provide Children's Continuing care to the Children and Young People within the Hywel Dda University Health Board footprint.</p> <p>The aim will be achieved by:</p> <p>The Committee approving the tender from Next Steps and awarding a three (3) year contract, from 1st of April 2024 to 31st March 2026</p>

3.	Who is involved in undertaking this EqIA?	Lisa Cockroft Continuing Care Lead/ Nurse Assessor Angharad Davies Childrens Community Lead Nurse
4.	Is the Policy related to other policies/areas of work?	Welsh Government, January 2020. 'The Children and Young People's Continuing Care Guidance'
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)	<p>The Children and Young People's Continuing Care Guidance (2020) applies to all children and young people 0-18 years of age living in Wales who may have continuing care needs.</p> <p>"Children's Continuing Care" covers a small number of children and young people who have very complex health needs. These may be the result of congenital conditions, long-term or life-limiting or life-threatening conditions, disability, or the after-effects of serious illness or injury. They may have technology-dependence requiring nursing input. Some children and young people will have complex mental health or a learning disability requiring specialist therapeutic input or placement provision.</p> <p>A Continuing Care Package under this guidance is additional support provided to a small number of children whose needs cannot be met by existing universal or specialist service by a case management approach.</p> <p>Children and young people who are currently eligible for Childrens Continuing Care (currently 9).</p> <p>Families and Carers of children and young people currently receiving a continuing care package.</p> <p>Within the Children's Community Nursing Service (CCNS) and Specialist Child and Adolescents Mental Health Service (SCAMHS) there will be a nominated children and young people's Health Assessor (HA) who will lead on the CC process.</p> <p>Other professional groups who will know the child well will be part of the CC process and may include for example, Learning Disability Nurse,</p>

		<p>Children's Community Nurse, Occupational Therapist, Speech and Language Therapist, Physiotherapist, Dietician, Social Worker, Support Worker and Teacher, all of whom can actively contribute to the assessment and plan of care.</p> <p>Where appropriate, discussions around any new provision will include representation from both HDUHB and the LA's.</p>
6.	What might help/hinder the success of the Policy?	<p>Help-</p> <ul style="list-style-type: none"> • Commissioning a provider to deliver the continuing care packages will alleviate the pressure on the CCNS which does not have the capacity to deliver the packages 'in house'. • The benefits of provider is that they hold responsibility for the recruitment and retention of staff, roster management including sickness cover and provide an out of hours on call provision for the carers. • Next Steps Agency have a clinical lead nurse who will train and support with shadowing of care staff. <p>Hinder/risks-</p> <ul style="list-style-type: none"> • There is a risk that current care providers will not extend the contract further upon its expiry in March 2023, leaving families with no care in the community This will have a significant and negative impact on the health and wellbeing of CYP and their families/carers. • There is a risk that should this occur, it will significantly impact urgent and secondary care services due to the pressures that will be placed upon CYP and their families • There is also a social risk to families that the pressures of 24-hour care for their CYP will cause family breakdown • There is a financial risk that the Health Board would need to seek cover from Nursing Agencies for Registered Staff which would see a considerable further cost increase. • There is a risk that the Health Board would be unable to recruit substantively to internal new posts to cover service delivery for these care packages.

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 to 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 be 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?			√	This Guidance applies to children between the ages of 0-18.	This new approach will ensure equitable provision of Childrens Continuing Care whereby all children and young people within the Hywel Dda footprint will be provided care by the same Agency. Currently care is delivered by two separate Third Sector Providers, one of which covers Ceredigion and Pembrokeshire and the other covers Carmarthenshire.
Disability Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	√			<p>Continuing Care (CC) is defined as a package of care needed over an extended period for children or young people because of disability, accident or illness, which cannot be met by universal or specialist services alone.</p> <p>A small number of children and young people may have very complex health needs. These may be the result of congenital conditions, long-term or life-limiting or life-threatening conditions, disability, or the after-effects of serious illness or injury. They may have technology-dependence requiring nursing input. Some children and young people will have complex mental health or a learning disability requiring specialist therapeutic input or placement provision.</p> <p>Those receiving a continuing care package will include children and young people with communication difficulties due to physical/sensory/cognitive impairment.</p>	<p>This new approach will ensure equitable provision of Childrens Continuing Care whereby all children and young people within the Hywel Dda footprint will be provided care by the same Agency. Currently care is delivered by two separate Third Sector Providers, one of which covers Ceredigion and Pembrokeshire and the other covers Carmarthenshire.</p> <p>It has been evidenced in the Tender application that the proposed agency are aware of their responsibilities to ensure communication/information is provided in a range of formats.</p>

				<p>Service users and/or their carers may require information to be provided in a range of accessible formats.</p> <p>There is potential impact on individuals who do not have capacity to make decisions/choices about their care. Staff will be required to be familiar with the Mental Capacity Act/know where to find advice and to work with colleagues to ensure that decisions are made in the best interest of individuals.</p> <p>Liberty Protection Safeguards Guidance November 2020 updated August 2021</p>	
<p>Gender Reassignment Consider the potential impact on individuals who either:</p> <ul style="list-style-type: none"> •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. 			√	<p>The Welsh Government Guidance prescribes a person-centred approach to meeting assessed needs. All children and young people will be treated the same, with respect, maintaining dignity and privacy.</p>	
<p>Marriage and Civil Partnership This also covers those who are not married or in a civil partnership.</p>			√	<p>This guidance is only applies to individuals under the age of 18 years. The Adult CHC Framework will apply to those over the age Of 18 years.</p>	<p>The current law in England and Wales means people can get married at 18 or, with parental consent, at 16 or 17. But there is no law against religious or cultural ceremonies which are not registered with local councils taking place under this age.</p>

Form 3 Gathering of Evidence and Assessment of Potential 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 would be utilised if required.	
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.		√	<p>This guidance applies to children, young people and their families from any race, nationality, colour, culture or ethnic origin</p> <p>A proportion of services users applying for or receiving a continuing care package and their carers may be from Ethnic minority group backgrounds.</p> <p>The Welsh Government Guidance states that:-</p> <p>“Whether a child is an asylum seeker going through the asylum process or a refused (failed) asylum seeker whose appeal rights are exhausted, they are still a child. Welsh Government takes a rights-based approach to children and is signatory to the UNCRC via the Rights of Children and Young Persons (Wales) Measure 2011.”</p> <p>Service users and/or their carers will require to have information provided in their preferred language. Health Board approved Interpretation and Translation services will be used if required.</p>	

Religion or Belief (or non-belief) The term 'religion' includes a religious or philosophical belief.			√	All CYP's including their families will be treated equally. Any concerns in relation to religion or belief will be addressed as part of the care plan.	
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?			√	Gender does not impact on provision for Children and Young People's Continuing Care.	
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.			√	A proportion of service users may identify as LGBTQIA2+ or be questioning their sexual orientation. Similarly, carers may identify as LGBTQIA2+. This will not impact on the provision for eligibility for Children's Continuing Care	
Armed Forces Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance			√	No impact is foreseen.	

<p>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.</p> <p>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</p>		√	No impact is foreseen	
<p>Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.</p>		√	<p>A proportion of children and young people under consideration for or receiving a continuing care package and their carers will be Welsh speakers. The Welsh Government Guidance prescribes that in line with the Welsh Language (Wales) Measure 2011, Welsh language services should be built into planning and delivery and Welsh language services should be offered to Welsh speakers without them having to request it. We can provide a service in welsh however only have a few welsh speakers amongst the staff group.</p>	<p>The health board has a duty to communicate with the public bilingually in accordance with the Welsh Language Standards.</p> <p>Mandatory competency has been assigned to all HB staff, and an e-learning module is available to complete.</p> <p>The provider has included this in their Tender submission.</p>

Form 4: Examine the Information Gathered So Far

1.	Do you have adequate information to make a fully informed decision on any potential impact?	Yes
2.	Should you proceed with the Policy whilst the EqIA is ongoing?	Yes
3.	Does the information collected relate to all protected characteristics?	Yes
4.	What additional information (if any) is required?	None
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).	Not required

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	1	0	0
Disability	2	1	2
Gender Reassignment	1	0	0
Marriage and Civil Partnership	1	0	0
Pregnancy and Maternity	1	0	0
Race/Ethnicity or Nationality	1	0	0
Religion or Belief	1	0	0
Sex	1	0	0
Sexual Orientation	1	0	0
Armed Forces	1	0	0
Socio-Economic Deprivation	1	0	0
Welsh Language	1	0	0

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?	Yes
If No please give reasons and any alternative action(s) agreed.	
Have any changes been made to the policy/ plan / proposal / project as a result of conducting this EqIA?	No

<p>What monitoring data will be collected around the impact of the plan / policy / procedure once adopted? How will this be collected?</p>	<p>Audit Service user feedback Contract monitoring and KPI's as stipulated in Service Specification.</p>
<p>When will the monitoring data be analysed? Who will be responsible for the analysis and subsequent update of the impact assessment as appropriate?</p>	<p>Regular contract monitoring meetings between Health Board and Provider.</p>
<p>Where positive impact has been identified for one or more groups please explain how this will be maximised?</p>	<p>Positive impact of having one provider across the Hywel Dda footprint for CCC will improve equity for our CYP.</p>
<p>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.</p> <p>If negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan / project / proposal regardless, please provide suitable justification.</p>	<p>N/A</p>

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

EqIA Completed by:	Name	Lisa Cockroft
	Title	Children’s Continuing Care Lead/Nurse Assessor
	Team / Division	Community Children’s Nursing Service
	Contact details	lisa.cockroft@wales.nhs.uk
	Date	08/01/2024
EqIA Authorised by: (Project / Policy Owner)	Name	Angharad Davies
	Title	Childrens Community Lead Nurse
	Team / Division	Community Paediatrics
	Contact details	Angharad.davies7@Wales.nhs.uk
	Date	09/01/2024
Seen by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer

	Contact details	Alan.winter@wales.nhs.uk
	Date	10/1/2024