

**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 May 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Chief Executive's Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Professor Phil Kloer, Interim Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Professor Phil Kloer, Interim Chief Executive

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 purpose of this report is to update the Board on relevant matters undertaken as Interim Chief Executive of Hywel Dda University Health Board since the Board meeting held on 28 March 2024.

Cefndir / Background

This report provides the opportunity to present items to the Board to demonstrate areas of work that are being progressed and achievements that are being made, which may not be subject to prior consideration by a Committee of the Board, or may not be directly reported to the Board through Board reports.

Asesiad / Assessment

Board Update

Our Board meeting in May 2024 is the last meeting for our interim Chair, Judith Hardisty, as her eight-year term of office comes to an end. Since joining Hywel Dda in 2016, Judith has played a key part in our Board, particularly since she took on the role of Vice-Chair in 2017. In joining our Board, she brought a depth of knowledge, skills and expertise to our Health Board, gained through numerous years of working in senior positions across the NHS – and a deep passion for the health of our communities.

During her time with us, Judith has been a guiding light in our Health Board's work, particularly in relation to primary and community care and mental health services. In more recent months, as she stepped into the role of interim Chair, we have all valued her leadership and positive challenge to us as a team.

On behalf of the Executive Team and Board, I would like to offer my heartfelt thanks to Judith and wish her well in her next chapter. Thank you, Judith.

As we wish Judith farewell, we welcome Neil Wooding to the role of Chair who will be joining us from 1 June 2024. Neil also lives in our area and 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. This includes as an Executive Director in the Cabinet Office and the Chief People Officer in the Ministry of Justice. He is currently the Chair of the Wales Council for Voluntary Action and I'm sure that colleagues and Board members will help us to welcome him to Hywel Dda in the coming days.

Register of Sealings

The Health Board's Common Seal has been applied to legal documents and a record of the sealing of these documents has been entered into the Register kept for this purpose. The entries at **Appendix A** have been signed by the Interim Chair and Interim Chief Executive, or the Interim Deputy Chief Executive (in the absence of the Interim Chief Executive) on behalf of the Board (Section 8 of the Health Board's Standing Orders refers).

Consultations

The Health Board receives consultation documents from a number of external organisations. It is important that the Health Board considers the impact of the proposals contained within these consultations against its own strategic plans, and ensures that an appropriate corporate response is provided to highlight any issues that could potentially impact upon the organisation. A status report for Consultation Documents received and responded to is detailed at **Appendix B**, should any Board Member wish to contribute.

Accountable Officer letter

Following on from the last Board meeting where the annual plan was discussed in detail an update has been provided on the position, alongside a copy of the accountable officer letter and response, within the annual plan agenda item.

Establishment of Joint Committee – Hywel Dda University Health Board and Swansea Bay University Health Board

Correspondence has been received from Welsh Government regarding establishing a Joint Committee between Hywel Dda University Health Board and Swansea Bay University Health Board. The Committee will be established using directions under the Welsh Ministers' powers in accordance with Section 12(3) of the National Health Services (Wales) Act 2006 to directing both health boards to establish a Joint Committee. This is intended to strengthen arrangements to plan and deliver healthcare services on a regional basis, where it is appropriate to do so, to ensure continued safety, quality and ongoing viability of services.

A Welsh Government task and finish group is being established to discuss:

- The intention prior to the formal establishment of the Joint Committee, for Welsh Government to run development sessions for both health boards (separately and jointly) to establish a common understanding of the purpose of the committee and to communicate the Cabinet Secretary's expectations.
- A request of both health boards to carry out a self-assessment, the outcome of which will help establish a baseline to inform the development of a purpose statement and objectives for the new Joint Committee.

The findings of the self-assessment will be used to inform a written report which will be shared with both health boards. The report will be used to inform the development of the Joint Committee's remit and priorities. Welsh Government have clarified there is no additional funding for this work, considering the health boards' core responsibility for

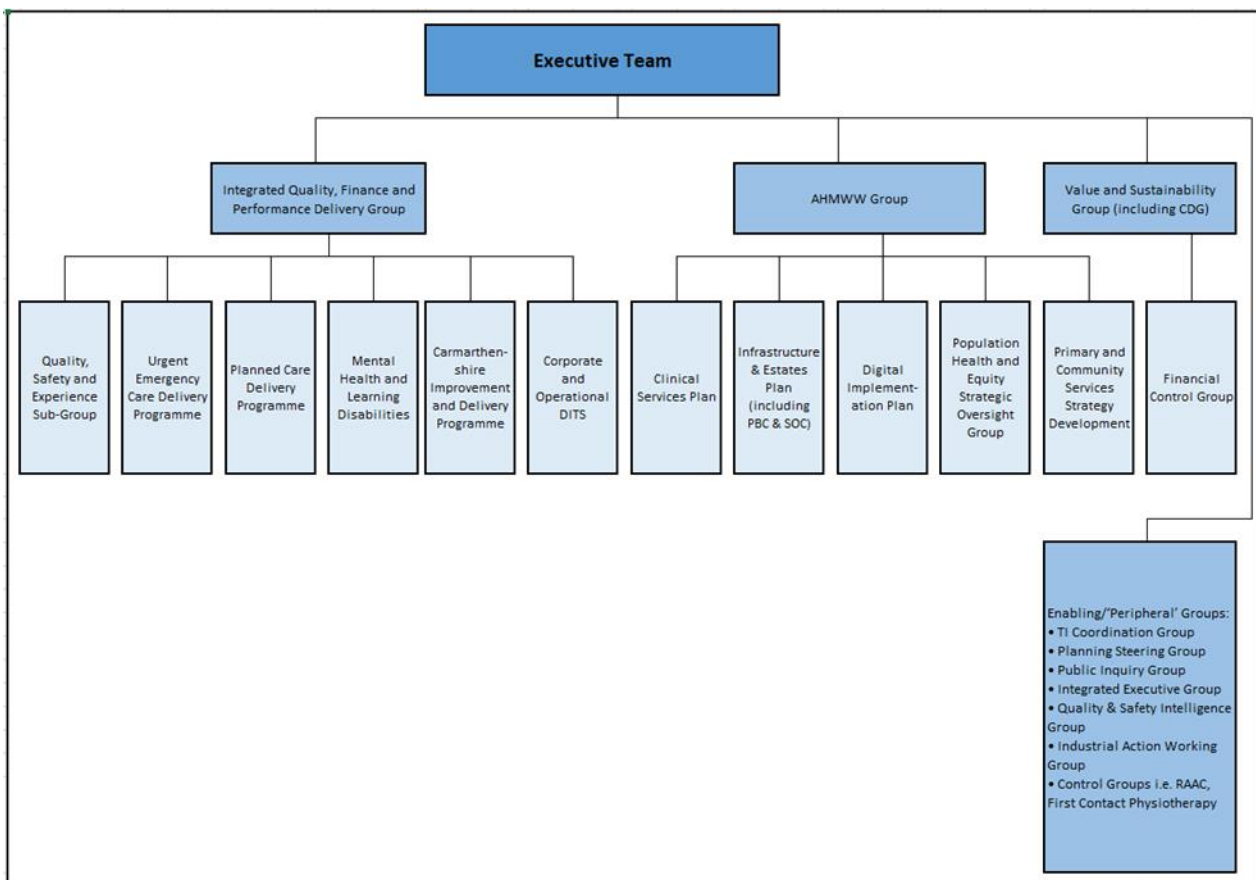
ensuring appropriate arrangements are in place for the effective planning and delivery of healthcare for both populations.

New Governance Arrangements

A new Executive Team (ET) governance structure has been put in place:

- To ensure the sustained progress on integrated planning, finance, and delivery, as required by WG, is in place;
- To ensure that the work of the ET, and its underpinning sub-structure, is aligned with the Board and its Committees; and
- To better enable ET to respond to the new Targeted Intervention (TI) escalation status. A detailed update on TI is included within the annual plan report.

The revised ET has now been agreed and is included below:



Reinforced Autoclaved Aerated Concrete (RAAC) at Withybush Hospital

All six wards at Withybush Hospital which were closed due to the presence of RAAC planks last year are now open. As well as the six wards, areas on the ground floor and kitchen, including outpatients and clinic rooms, were also closed. Wards 7, 9 and 12 were reopened at Christmas; Ward 11 in January 2024, while Wards 10 and 8 are also now re-opened. One of the services most seriously affected by the ongoing RAAC survey and repair work has been elective inpatient surgery; however, with the re-opening of all wards, this will now be reintroduced. There is, however, still some extensive work to be undertaken on the Ground Floor, including at Outpatient Departments A and B and the Physiotherapy Department, which are currently in use and temporarily fully supported with props and safe to operate in. There is likely to be disruption when these areas are closed.

RAAC will continue to be an issue at Withybush Hospital, with repair work continuing throughout this year. There is also an ongoing programme of regular survey work to monitor the condition of the RAAC, which will cause some disruption from time to time.

Our staff have shown incredible teamwork and resilience during a very difficult time, so I would like to thank them for their support. Thanks also to our patients and members of the public who have been affected by the ongoing work. Some have had to be treated at alternative locations within the Health Board area, so my thanks to them for their patience and understanding.

Blood services in Llanelli

We are currently engaging on the impact of the move of Phlebotomy Services in Llanelli. From Monday, 20 May 2024, blood test services in Llanelli will be provided from the Mass Vaccination Centre in Llanelli, with appointments available for individuals who have additional transport needs available on two days from Prince Philip Hospital. The move from its current location in the Antioch Centre is for several reasons, including patient complaints (lack of parking, waiting lists) and a wish to increase the number of appointments available.

This is a temporary service move, ahead of the Phlebotomy Service moving to Pentre Awel in 2025. Two drop-in events have been held at Antioch to hear the views of service users. The main concerns raised are about public transport access to Dafen, although it has been recognised that a significant majority of current service users access the service by car. We will engage on the impact of the service/s moving to Pentre Awel later this year.

Infected blood inquiry

The final Infected Blood Inquiry report was published on Monday, 20 May 2024 following an independent public statutory inquiry. It has examined the circumstances in which men, women and children treated by the NHS in the UK were given infected blood products between 1970 and 1991.

Whilst the majority of patients affected by HIV infection are known, there may be some patients who received blood products in this time, who may be newly concerned.

We are working with national partners and have developed a local testing pathway for any patients that might be concerned, as well as communication support which includes standing up the Communications Hub, dedicated web pages for public and staff, and supportive communications to assist GPs and other staff who are likely to come into contact with concerned patients.

Withybush Hospital Creche

Care Inspectorate Wales (CIW) reports received in October 2023 and January 2024 have highlighted a number of concerns regarding leadership and management of the Creche at Withybush Hospital. A Control Group has been established, chaired by the Interim Executive Director of Nursing, Quality and Patient Experience. Immediate actions taken include reducing the number of children who attend the Creche, ensuring compliance with the appropriate ratios of staff to children, and reviewing the taxi service. The Control Group meets weekly.

Bronglais – Meurig and Angharad wards

Due to water ingress in the ceilings of Meurig and Angharad wards at Bronglais General Hospital, we are likely to need to decant wards while repairs to the roof are made.

Strategic and Operational Issues: Local and Regional

Since my previous report to Board, the following items have been presented to the Formal Executive Team (ET) for consideration:

- **A Healthier Mid and West Wales (AHMWW) Community Schemes Update:** ET discussed the consideration of additional funds, the repurposing of an old school site, the prioritisation process, and the Primary and Community Care Strategic Plan.
- **Urgent and Emergency Care and Planned Care:** ET discussed the challenges, the bed capacity, the perfect month, the delayed patient census, and the transforming urgent emergency care programme.
- **Palliative and End of Life Care – Hospice at Home Tender:** subsequent to previous Board approval Welsh Government has delayed the national framework, therefore ET has now paused in the procurement process and agreed to an extension of contracts whilst we await a decision from WG on the national framework.
- **TI Escalation Framework:** ET discussed the second draft of the escalation framework received from WG, the support required to deliver the actions and the amendments to include within the final version.
- **Critical Care:** ET discussed the interim solution and the future plan for the critical care service, noting that it is providing a safe and effective service which aligns to the clinical service plan (CSP). A communication plan has been developed to inform the staff and the public of the current arrangement and the future plan for the critical care service. Critical Care remains within the Clinical Services Plan and also whole organisation targeted intervention. A copy of the revised Standard Operating Procedure (SOP) is attached as **Appendix C**.
- **A Regional Collaboration for Health (ARCH) Pathology – Interim/Transitional Operational Delivery Network (ODN) Memorandum of Understanding (MOU):** ET discussed the development progress of the ODN and onward timescales and subject to the outcome of further legal discussions, supported the intention to bring the Transitional ODN MOU to SBUHB and HDUHB Boards in their respective May 2024 meetings for approval.
- **Funded Nursing Care (FNC) Uplift 2024 25:** ET approved an interim FNC rate for NHS contributions of £213.18 per resident per week with effect from the 1 April 2024 pending finalisation of the National FNC rate for 2024/25. In addition, that following the settlement of the Agenda for Change pay award for 2024/25 that the principles of the Inflationary Uplift Mechanism (IUM) are applied for a revised Final FNC rate. If the final national FNC rate is greater than the proposed interim rate, the difference between the interim rate and the final rate should be retrospectively applied and backdated to the 1 April 2024.
- **Measles Vaccine Uptake:** ET discussed the current status and challenges of measles vaccination uptake, noting that it varies from 30% to 70% across different Health Board services, and that low uptake poses a risk for staff and patient safety, as well as operational continuity. Whilst accepting the challenges of increasing uptake, ET agreed to a number of actions such as providing peer vaccinators, engaging with staff and managers, using the national dashboard, and monitoring the progress and impact of the delivery plan.
- **Industrial Action – Salary Overpayments:** ET discussed the investigation and validation of the salary overpayments that occurred during the junior doctors' industrial action and agreed actions regarding the recovery of any overpayments. A report was discussed at the May ARAC meeting.
- **Cross Hands Full Business Case –** ET discussed updates on the progression of the Full Business Case for Cross Hands Health and Wellbeing Centre, following a meeting with Welsh Government to discuss the significant increase in capital costs between Outline Business Case (OBC) and Full Business Case (FBC). It is noted the business case is not progressing at this time.

- **Future of Operational Quality Safety and Experience Sub-Committee (OQSESC) Proposal and the Potential of a Quality Safety Intelligence Group:** ET discussed the proposal for a Quality Safety Intelligence Group and its review process which would monitor and report on the quality indicators of the Health Board. The proposal is due to be discussed at the OQSESC meeting on 14 May 2024, and it was agreed that the governance process should be agreed and reviewed by the corporate governance team before presented to the Formal ET on 5 June 2024.
- **Risk Session:** ET reviewed the principal risks to ensure they align with the Health Board's Strategic Objectives and the Annual Plan, ahead of presentation to Board in July 2024. Furthermore, a full review was undertaken of the Corporate Risk Register.
- **Targeted Intervention:** ET noted that the Health Board has identified the de-risking of the financial plan as a key priority for the first quarter of the 2024/25 financial year.
- **Clinical Services Plan - Evaluation Criteria:** ET received the Clinical Services Plan – Evaluation criteria for shortlist option development and scoring. Discussions focused on the hurdle criteria for selecting options, the evaluation criteria for scoring options, and the Executive Team's involvement in the weighting process. The team also discussed the potential impact of the health impact assessment, climate change agenda, and the role of finance and quality in ensuring the options are sustainable.
- **Climate Change Briefing:** ET received the Climate Change briefing, with discussions focused on the Health Board's self-assessment of its climate change resilience and adaptation, and the potential revenue impact of the climate-related financial disclosure requirement.
- **Sexual Assault Referral Centre (SARC) Business Justification Case (BJC):** ET received the SARC BJC, noting that it was a project for the NHS collaborative to deliver a building for sexual assault referral services. The role of the Health Board is to deliver a capital solution for the south-west by procuring the new SARC facility to ISO 15189:2022 quality standards. Members approved capital funding for the project ahead of presentation to Board for further scrutiny and approval.
- **Finance Update:** ET received a finance update outlining the Month 1 position. This was followed by a detailed discussion on savings plans and the escalation and accountability process.
- **Urgent and Emergency Care, Planned Care update and revised performance trajectories and actions:** The weekly update was received and discussed.
- **Wales Resilience Outlook:** this is a tool to help health boards plan for the future and identify potential risks and opportunities. It is based on a range of scenarios and assumptions, and not a definitive plan.

St David's Practice Contract Termination

Dr Stephen Riley, who has been a single handed GP at St David's Surgery since May 2023, has taken the difficult decision to resign his General Medical Services contract with the Health Board in line with The National Health Service (General Medical Services Contracts) (Wales) Regulations 2023. Dr Riley has provided the Health Board with six months' notice, which will see the end of the current contractual arrangements as 31 October 2024. St David's Surgery has a patient list size of 2,700 which is the smallest Practice within the Health Board, and the Practice boundary is closely aligned with the neighbouring Solva Surgery.

In line with national guidance, the Health Board has commenced the formal process to establish a Vacant Practice Panel (VPP) which will meet in early May 2024, and will consider the options for the future delivery of General Medical Services to the patients; namely, re-commissioning the contract either as a GMS or Alternative Primary Medical Services (APMS) contract, a managed list dispersal or a Health Board Managed Practice. The current position has been communicated to local stakeholders and patients; informal expressions of

interest in the Contract have also been sought for consideration by the VPP. Following the VPP, there will be a period of patient engagement before a recommendation is considered by Board in July 2024. Patients will be kept informed at key stages of the process.

Collaboration Agreement: Flying Start Healthy Child Wales Programme

The agreement relates to the Flying Start Healthy Child Wales Programme includes four core elements: intensive health visiting, funded childcare for 2-3 year olds for 12½ hours per week, a range of parenting programmes and early language opportunities. The aim of the service is to enable children to reach their full potential, enjoying improved learning and health and social wellbeing outcomes by supporting families and Flying Start settings.

Regulation 14 of the Partnership Arrangements (Wales) Regulations 2015 contains powers enabling local health boards to carry out any of the specified local authority functions described in table 1 of Schedule 1 of the Regulations on behalf of any of the local authorities taking part in the same Partnership Arrangements. The Partners are entering into this Agreement in exercise of those powers under and pursuant to the Social Services and Well-being (Wales) Act 2014. This Agreement provides the framework within which the Partners will work together to deliver the services. The Health Board has agreed to provide these services and they will be delivered through the Health Board's Health Visiting, Midwifery, Speech and Language Therapy and Community Nurse teams.

The Collaboration Agreement is made between Hywel Dda University Local Health Board (1) Pembrokeshire County Council (2) for the period 1 April 2022 – 31 March 2024; attached at **Appendix D**. There is the ability to extend the agreement for a further 12-month period provided the request is made before the end of 31 March 2024. No request has been received, although I understand that an agreement for 2024/25 will be provided to us shortly. It is acknowledged that the term has ended, and every endeavour will be made to ensure that the agreement for 2024/25 is completed as soon as possible. The Health Board receives the consideration of £955,701 for 2022/23 and indicative costs of £1,108,563 for 2023/24 to provide the service.

Members are invited to Approve the Collaboration Agreement for 1 April 2022 – 31 March 2024 in the form attached at **Appendix D**.

Argymhelliad / Recommendation

The Board is invited to:

- **ENDORSE** the Register of Sealings (**Appendix A**) since the previous report on 25 January 2024;
- **NOTE** the status report for Consultation Documents (**Appendix B**) received/responded to;
- **APPROVE** the Critical Care Standard Operating Procedure (**Appendix C**); and
- **APPROVE** the Collaboration Agreement for the Flying Start Healthy Child Wales Programme for 1 April 2022 – 31 March 2024 in the form attached at **Appendix D**.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr
Cyfredol:
Datix Risk Register Reference and
Score:

Not Applicable

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)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
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:	Chief Executive's meetings (internal, external and NHS Wales wide), diary and correspondence
Rhestr Termau: 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:	Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Any issues are identified in the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report
Risg: Risk:	This report provides evidence of current key issues at both a local and national level, which reflect national and local objectives and development of the partnership agenda at national, regional and local levels.

	Ensuing that the Board is sighted on key areas of its business, and on national strategic priorities and issues, is essential to assurance processes and related risks.
Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	<ul style="list-style-type: none"> • Has EqIA screening been undertaken? Not on the Report Has a full EqIA been undertaken? Not on the Report

Appendix A - Register of Sealings from 13 March 2024 – 8 May 2024

Entry Number	Details	Date of Sealing
450	Deed of Surrender relating to North Building, Llanion Park, Pembroke Dock, SA72 6DZ between Pembrokeshire Coast National Park Authority and Hywel Dda University Local Health Board	21.03.2024
451	Lease relating to North Building, Llanion Park, Pembroke Dock between Pembrokeshire Coast National Park and Hywel Dda University Local Health Board	21.03.2024
452	Lease relating to Suite A Ground Floor, Glien House Glien Road Cillefwr Industrial Estate, Carmarthen between Peter Reynolds Properties Limited and Hywel Dda University Local Health Board	21.03.2024
453	Contract relating to Bryngolau Ward Point of Ligature (POL) Improvement Works, incorporating the conditions of the JCT Intermediate Building Contract 2016 Edition, between Hywel Dda University Local Health Board and Lewis Construction Building Contractors Wales Limited	07.05.2024

Appendix B: Consultations Update Status Report up to 8 May 2024

Ref No	Name of Consultation (hyperlink included for online consultations)	Consulting Organisation	Consultation Executive Lead(s)	Received On	CLOSING DATE	Response Sent
564	Health Impact Assessment Regulations	Welsh Government	Director of Public Health	09.01.2024	29.03.2024	26.03.2024
565	WHSSC consultation: CP20 Specialised Eating Disorder Services	Welsh Health Specialised Services Committee	Director of Therapies and Health Science	06.02.2024	03.03.2024	28.02.2024
566	WHSSC Consultation: (CP288) All Wales Acute Leukaemia MDT	Welsh Health Specialised Services Committee	Director of Operations	12.02.2024	24.03.2024	24.03.2024
567	Proposed changes to the Putting Things Right process	Welsh Government	Director of Nursing, Quality and Patient Experience	12.02.2024	25.04.2024	25.04.2024
568	Paediatric Endocrinology (CP163)	Welsh Health Specialised Services Committee	Medical Director	14.02.2024	22.03.2024	22.03.2024
569	Specialised Services – Acute Leukaemia Immunophenotyping	Welsh Health Specialised Services Committee	Director of Operations	14.02.2024	26.03.2024	26.03.2024

Appendix B: Consultations Update Status Report up to 8 May 2024

Ref No	Name of Consultation (hyperlink included for online consultations)	Consulting Organisation	Consultation Executive Lead(s)	Received On	CLOSING DATE	Response Sent
570	Mental Health Standards of Care (Wales) Bill	Welsh Parliament	Director of Operations	27.02.2024	11.03.2024	11.03.2024
571	Living with Arthritis and Musculoskeletal: a framework for the future	Welsh Government	Medical Director	27.02.2024	08.04.2024	08.04.2024
572	Draft suicide and self-harm prevention strategy	Welsh Government	Director of Operations	20.02.2024	03.06.2024	
573	Draft mental health and wellbeing strategy	Welsh Government	Director of Operations	20.02.2024	03.06.2024	
574	Back-up antibiotic prescribing: Good practice guide	All Wales Therapeutics and Toxicology Centre	Director of Primary Care, Community and Long Term Care	10.04.2024	03.05.2024	01.05.2024
575	Brachytherapy for the Treatment of Gynaecological Malignancies for people aged 18 years and above	Welsh Health Specialised Services Committee	Director of Operations	07.03.2024	15.04.2024	No response received
576	Eating Disorders Outreach Service	NHS Wales Joint Commissioning Committee	Director of Therapies and Health Science	16.04.2024	28.05.2024	

Appendix B: Consultations Update Status Report up to 8 May 2024

Ref No	Name of Consultation (hyperlink included for online consultations)	Consulting Organisation	Consultation Executive Lead(s)	Received On	CLOSING DATE	Response Sent
577	Service Specification SS79 and Policy Position Statement PPS142 for Haematopoietic Stem Cell Transplantation (HSCT) for adults	NHS Wales Joint Commissioning Committee	Director of Operations	25.04.2024	24.05.2024	
578	Draft Partnership Arrangements (Miscellaneous Amendments) (Wales) Regulations 2024	Welsh Government	Director of Primary Care, Community and Long Term Care	30.04.2024	09.06.2024	
579	Strategic Genomics Delivery Plan - Consultation	Health Education and Improvement Wales	Medical Director/ Director of Workforce & OD	01.05.2024	27.05.2024	
580	Modification of The Specification of Apprenticeship Standards for Wales	Welsh Government	Director of Workforce & OD	01.05.2024	06.06.2024	

Draft interim SOP for admission to and management of patients in PPH ICU

Procedure information

Procedure number: Enter procedure number (policy team)

Classification:

Clinical

Supersedes:

New

Clinical documents only:

Local Safety Standard for Invasive Procedures (LOCSSIP) reference:

N/A

National Safety Standards for Invasive Procedures (NatSSIPs) standards:

N/A

Version number:

1.0

Date of Equality Impact Assessment:

Detail date of EqIA

Approval information

Approved by:

Detail which group/committee has approved this document

Date of approval:

Enter approval date**Date made active:**

Enter date made active (completion by policy team)

Review date:

Enter review date (normally three years from approval date)

Summary of document:

This Standard Operating Procedure (SOP) describes the criteria for admission and management of patients to the Intensive Care Unit, Prince Philip Hospital.

Scope:

This SOP applies to all clinical and nursing staff in PPH and all critical care medical and nursing staff in GGH whilst there are no Intensive Care Consultants sessions in the Intensive Care Unit, Prince Philip Hospital. The site management teams at both sites need awareness of the SOP.

To be read in conjunction with:

N/A

Patient information:

N/A

Owning group:

Critical Care Service User Group

Executive Director job title:

Andrew Carruthers

Reviews and updates:

First version

Keywords

Provide a summary of keywords

Glossary of terms

Provide a glossary of terms and abbreviations

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Scope

This SOP applies to all clinical and nursing staff in PPH and all critical care medical and nursing staff in GGH whilst there are no Intensive Care Consultants sessions in the Intensive Care Unit, Prince Philip Hospital. The site management teams at both sites need awareness of the SOP.

Background

On 25th July 2022, an operational decision was implemented to amend the admission protocols to the Critical Care Unit at Prince Philip Hospital as a consequence of a further deterioration in the availability of critical care consultant staff to provide appropriate and sustainable levels of on-site support to the unit. This decision was affirmed on 28th July 2020 by the Operational Planning & Delivery Group, chaired by the Director of Operations.

Aim

The aim of this document is to:

- Ensure the safe care of patients requiring intensive care management presenting in Prince Phillip Hospital.

Objectives

The aim of this document will be achieved by the following objective:

- Ensure there is a pathway in place which enables patients to receive the right level of care and treatment to meet their needs.
- Ensure that staff maintain the skills required to manage level 3 care in the immediate and interim basis
- Ensure there are appropriate transfer arrangements in place to support an alternative pathway for patients with ongoing critical care requirements (of any level).
- Ensure that the medical, nursing and AHP staff with Prince Philip remain adequately skilled to provide care to Level 2 and 3 patients

Procedure

Application

Whilst there is no Intensive care consultant session cover in the Intensive Care Unit, Prince Phillip Hospital.

Level 3 patients

All patients requiring level 3 must be discussed with the ICU Consultant on call in Glangwili Hospital.

All level 3 patients, accepted by the ICU consultant will be cared for directly by the resident SAS anaesthetic doctor with guidance from the on-call intensive care consultant in GGH.

All patients with multi-organ support, or predicted to require this, will be transferred to GGH at the earliest and safest opportunity. Patients awaiting transfer will be cared for on the ICU in PPH.

Intubated patients who are predicted to be extubated within the 12-24 hour pre-transfer window. It is reasonable to plan to keep these patients in PPH.

Surgical admissions

- Level 1/low risk level 2 post-operative care will continue to be supported in PPH ICU, but with patients admitted formally under care of surgeons
- The on-call Intensive care consultant should be made aware of these admissions
- Patients deteriorating with prolonged need for intensive care admission, including patients requiring further operative intervention will need to be transferred to GGH Critical Care Unit.
 - Any patients needing to return to theatre after an elective procedure should be transferred to GGH for this to occur unless risk benefit decision for local operation and a theatre team is available (not available out of hours). Irrespective of location of 2nd procedure ongoing care should be provided in GGH
- Patients admitted to the unit will be the clinical responsibility of the admitting surgeon/surgical on call team. Patients must be seen daily by a surgical consultant led team
- Resident SAS anaesthetic doctor will provide direct support for the management of regional anaesthetic interventions and cardiovascular support
- Resident SAS anaesthetic doctor will undertake daily reviews of post-operative patients admitted to the unit and join surgical teams on ward rounds
- Readiness for discharge/step down from the unit, in terms of need for the above interventions will be advised by the resident SAS anaesthetic doctor.

Medical admissions

- There are two categories
 - Patients requiring Intensive care input
 - a) Those with a predicted ongoing requirement for intensive care management

- b) Those with a limited period required, either because of expected rapid recovery (e.g. status epilepticus or overdose) or those who are anticipated to transition to a palliative pathway in a short period of time.
- Patients admitted primarily for close monitoring only possible in a higher care area OR limited level 2 care (typically overspill from other higher care areas eg NIV/CCU)

All patients highlighted as candidates for admission to the intensive care area in PPH must be discussed with the Intensive care consultant prior to admission..

- The ICU SAS doctor must always discuss patients with the ICU consultant prior to admission.
 - For reasons of situational awareness and governance this will include those patients expected to remain under the medics but admitted to the ICU area.
- Where there is any doubt regarding appropriateness further discussions will include the Medical and Intensive Care consultants.

This discussion must establish reason for admission – is the patient;

- Admitted with the medical consultant maintaining sole responsibility of care for close monitoring or limited level 2 care with limitation of escalation
- Admitted for Intensive care input and for escalation of care beyond non-invasive respiratory support, limited peripheral vasopressor support or close monitoring in the event of deterioration

Where, at any point, the medical consultant is unhappy to maintain responsibility for patients receiving level 2 care whether or not deemed suitable for further escalation, the patient should be formally referred to the Intensive Care consultant on for Glangwilli.

There must be clear documentation in the notes stating;

- Reason for admission
 - Escalation plan/limitations
 - Responsible consultant for ongoing care (Intensive care or Medical Consultant)
- (see appendix; Admission Checklist & Admission form)

Where a patient who is not normally under the care of the on-call Medical Consultant is admitted to intensive care overnight it is the responsibility of the on-call medical consultant to contact the responsible consultant for immediate input if required, or to inform them of decisions taken the following morning.

Level 2 patients deemed appropriate to remain in PPH as described above (and see appendix) will remain on the unit under the care of the admitting/on-call medical consultant

- These patients should be reviewed on a senior (either consultant or MG) medical led ward round – this should occur daily.
- Resident SAS Anaesthetic/ICU doctor will provide advice and trouble-shooting with regards organ support
- Resident SAS Anaesthetic/ICU will join medical teams during their reviews/ward rounds
- Recognising the workload of the resident medical team, the resident SAS anaesthetic/ICU doctor will provide immediate support to ICU nursing staff with urgent patient safety concerns or time sensitive interventions
 - If no medical team review is undertaken for such patients the ICU on-call SAS doctor will ensure patient safety is maintained, undertake a review and will contact the admitting consultant or on-call medical registrar to highlight any issues requiring attention. This should be a rare occurrence.
- Patients who are for escalation beyond simple level 2 management (typically NIV or limited peripheral vasopressor support) will have a plan for ongoing management made by the on-call intensive care consultant in GGH following discussion with the admitting medical consultant at PPH, or out of hours the on-call medical consultant for PPH. This may include either a period of trial management at PPH or a plan to transfer to GGH for escalation of care. Once the decision is made that the patient is suitable for escalation and therefore needs transfer the consultant intensivist will be primarily responsible for their care.

Transfer

This SOP relates only to patients requiring ongoing DGH level care within Hywel Dda.

Any patient meeting criteria for immediate or expedited transfer to tertiary/specialist care should go direct to the appropriate facility.

The ability to provide initial stabilisation of critical care patients must remain in PPH in the context of this SOP

The aim should be to transfer the above described patients within 24 hours. This, in the most part should be undertaken in daytime (therefore overnight admission of level 3 patients to PPH ICU is acceptable)

Any transfer must be the on-call ICU consultant's decision, as per acceptance into ICU.

Where possible, ACCTS should be utilised for these moves

- ACCTS should only be contacted to request transfer by the on-call ICU consultant or a nominated deputy
- **ACCTS number; 03001232301** – phone line live 24/7 - referrals can be made overnight to allow next day planning.

When ACCTS are unavailable within 24 hours, or transfer needs to be undertaken sooner, local transfer utilising WAST and local teams will be activated, this will require;

- Support from the general Anaesthetic consultant
- Adherence to critical care network standards
- Re-direction of anaesthetic resource from elective work where necessary

Supervision/Support

Anaesthetic and intensive care doctors providing on site cover will remain under the governance of the Anaesthetic and Critical Care Department. The consultant on call for intensive care for Glangwili Hospital will remain the first port of call for any concerns the resident doctor has with regards critical care interventions or decisions.

For patients admitted to the intensive care area in PPH and not for escalation beyond limited level 2 care ongoing decisions about medical management (not critical care interventions) should go through the resident medical team and if needed to the medical consultant. Where the anaesthetic/intensive care SAS doctor has difficulties in following this pathway escalation will be through the ICU consultant.

As part of this support the intensive care consultant will participate in as a minimum a daily call with the doctor providing resident cover to ensure awareness of the workload in Prince Phillip Hospital. Either the on-call consultant or resident doctor in Prince Phillip Hospital can initiate this call. A “sitrep” call should occur early in the day (between 09:00 and 10:00) and in the event of patients being admitted requiring critical care input a further call should occur in the early afternoon.

On the rare occasion that patients are required to remain significantly longer in PPH than is expected as prescribed in this SOP an Intensive Care Consultant will attend PPH to undertake a clinical review.

References

Name any recognised body that would be of use and all references

GPICS

Welsh Critical Care Network

Faculty of Intensive Care

Royal College of Anaesthetist’s

Appendix

Levels of Care as defined by FICM in GPICS v2.1

Ward Care	<ul style="list-style-type: none"> • Patients whose needs can be met through normal ward care in an acute hospital. • Patients who have recently been relocated from a higher level of care, but their needs can be met on an acute ward with additional advice and support from the critical care outreach team. • Patients who can be managed on a ward but remain at risk of clinical deterioration.
Level 1 – Enhanced Care^{5,6}	<ul style="list-style-type: none"> • Patients requiring more detailed observations or interventions, including basic support for a single organ system and those 'stepping down' from higher levels of care. • Patients requiring interventions to prevent further deterioration or rehabilitation needs which cannot be met on a normal ward. • Patients who require ongoing interventions (other than routine follow-up) from critical care outreach teams to intervene in deterioration or to support escalation of care.
	<ul style="list-style-type: none"> • Patients needing a greater degree of observation and monitoring that cannot be safely provided on a ward, judged on the basis of clinical circumstances and ward resources.
Level 2 – Critical Care	<ul style="list-style-type: none"> • Patients requiring increased levels of observations or interventions (beyond Level 1), including basic support for two or more organ systems and those 'stepping down' from higher levels of care. • Patients requiring interventions to prevent further deterioration or to support ongoing rehabilitation needs, beyond that of Level 1. • Patients needing two or more basic organ systems monitoring and support. • Patients needing one organ system monitored and supported at an advanced level (other than advanced respiratory support). • Patients needing long-term advanced respiratory support. • Patients who require Level 1 care for organ support but who require enhanced nursing for other reasons, in particular maintaining patient safety if severely agitated. • Patients needing extended post-operative care, outside that which can be provided in enhanced care units: extended postoperative observation is required either because of the nature of the procedure and/or the patient's condition and comorbidities. • Patients with major uncorrected physiological abnormalities, whose care needs cannot be met elsewhere. • Patients who require nursing and therapies input more frequently than available in Level 1 areas.

**Level 3 –
Critical Care**

- Patients who need advanced respiratory monitoring and support alone.
- Patients who require monitoring and support for two or more organ systems at an advanced level.
- Patients with chronic impairment of one or more organ systems sufficient to restrict daily activities (comorbidity), and who require support for an acute reversible failure of another organ system.
- Patients who experience delirium and agitation in addition to requiring Level 2 care.
- Complex patients requiring support for multiple organ failure; this may not necessarily include advanced respiratory support.

PPH Critical Care Admission Checklist

PPH Critical Care Admission Checklist

- Discussed with on-call Intensive care consultant

- Documented reason for admission
 - For Intensive care management, ongoing level 2 care beyond non-invasive ventilation and/or for full escalation
 - Admitted level 3 pending transfer.
 - For very limited level 3 care likely to de-escalate or palliate soon
 - For limited level 2 (respiratory support)
 - For close monitoring

- Responsible consultant documented

- Escalation plan documented, with clear documentation of any agreed limitations of care

- Decision regarding the need for transfer has been documented

PPH Critical Care Admission Communication Document

Date		Patient Identifier
Time		



Name of ICU consultant contacted		Name of admitting specialty consultant	
---	--	---	--

Responsible consultant whilst admitted	ICU or Base Specialty (circle appropriate)
---	---

Reason for admission			
Intensive care management		<input type="checkbox"/>	
Very limited period level 3 care		<input type="checkbox"/>	
Non invasive ventilation		<input type="checkbox"/>	

Close monitoring	<input type="checkbox"/>		
Escalation plan			
Transfer planned?	Yes		No
Anticipated timing of transfer			

Patient for Admission to PPH Critical Care Area

Discussion with ICU Consultant in GGH/on-call

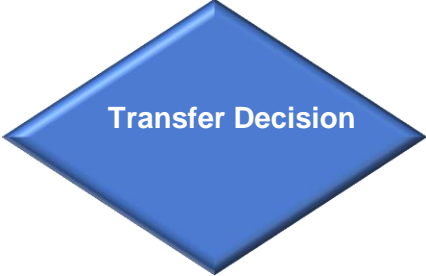


Limited level 2 care or close monitoring

Ongoing ICU Level 2/3

PPH Medical Consultant is the named responsible consultant
Advice calls from any staff, including Anaesthetic/ICU on-call in PPH to the medical consultant for PPH*

ICU Consultant is the named responsible consultant
Advice calls from staff to go to ICU consultant



No transfer

Transfer Required

Typically expected very time limited period of ICU care required
Under care of ICU consultant until L3 organ support no longer needed or withdrawn

Mode of transfer decided by ICU consultant
ACCTS contacted only by or on the authorization of ICU consultant

*The ICU consultant remains responsible for the support of resident anaesthetic/ICU doctors. Whilst the medical consultant is the first point of contact for decisions in this group, the resident team should call the ICU consultant for technical support or if there are doubts or concerns.

DATED

COLLABORATION AGREEMENT

between

HYWEL DDA UNIVERSITY LOCAL HEALTH BOARD

and

PEMBROKESHIRE COUNTY COUNCIL

FLYING START HEALTHY CHILD WALES PROGRAMME

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THIS DEED is dated the _____ day of _____ 2023

PARTIES

- (1) Hywel Dda University Local Health Board of Ystwyth, St David's Park, Carmarthen SA31 3BB (**the Local Health Board**).
- (2) Pembrokeshire County Council of County Hall, Haverfordwest, Pembrokeshire, SA61 1TP (**Authority**).

BACKGROUND

- (A) Regulation 14 of the Partnership Arrangements (Wales) Regulations 2015 ("the Regulations") contains powers enabling local health boards to carry out any of the specified local authority functions described in table 1 of Schedule 1 of the Regulations on behalf of any of the local authorities taking part in the same Partnership Arrangements. The Partners are entering into this Agreement in exercise of those powers under and pursuant to the Social Services and Well-being (Wales) Act 2014.
- (B) This Agreement provides the framework within which the Partners will work together to deliver the Services.

AGREED TERMS

1. DEFINITION AND INTERPRETATION

- 1.1 The definitions and rules of interpretation in this clause apply in this Agreement.

Agreement: this Agreement between the Local Health Board and the Authority comprising these terms and conditions together with all schedules attached to it.

Authority's Authorised Officer: Darren Mutter, Head of Children's Services.

Change in Law: a change in Law that impacts on the Partnership Arrangements, which comes into force after the Commencement Date.

Data Protection Legislation: this includes:

- (a) the Data Protection Act 2018 (**DPA 2018**);
- (b) the UK General Data Protection Regulation (UK GDPR);
- (c) the Regulation of Investigatory Powers Act 2000;
- (d) the Telecommunications (Lawful Business Practice) (Interception of Communications) Regulations 2000 (*SI 2000/2699*);
- (e) all applicable laws and regulations relating to processing personal data and privacy, including the guidance and codes of practice issued by the Information Commissioner, where applicable.

Dispute Resolution Procedure: the procedure set out in clause 18.

Effective Date: the 1st April 2022.

FOIA: the Freedom of Information Act 2000 and any subordinate legislation made under it from time to time, together with any guidance or codes of practice issued by the Information Commissioner or relevant government department concerning this legislation.

Information: has the meaning given under section 84 of FOIA.

Information Sharing Protocol: the protocol describing how the Partners will share Information contained in Schedule 4.

Law: any applicable law, statute, bye-law, regulation, order, regulatory policy, guidance or industry code, rule of court, directives or requirements of any Regulatory Body, delegated or subordinate legislation, or notice of any Regulatory Body.

Local Health Board's Authorised Officer: Liz Wilson, Senior Nurses Health Visiting and Early Years

Partner: either the Local Health Board or the Authority, and "**Partners**" shall be construed accordingly.

Personal Data: shall have the same meaning as set out in the DPA 2018.

Regulatory Body: those government departments and regulatory, statutory and other entities, committees and bodies that, whether under statute, rules, regulations, codes of practice or otherwise, are entitled to regulate, investigate or influence the matters dealt with in this Agreement, or any other affairs of the Authority.

Representative: a Partner's employee, agent or subcontractor and any employee of the other Partner who is seconded to the Partner and is acting in accordance with the Partner's instructions.

Service Users: individuals who are eligible to receive the Services, as more particularly described in Schedule 1.

Services: the services to be delivered by or on behalf of the Partners under this Agreement, as more particularly described in 0.

Working Day: any day other than Saturday, Sunday, a public or bank holiday in Wales.

- 1.2 Clause, Schedule and paragraph headings shall not affect the interpretation of this Agreement.
- 1.3 The Schedules form part of this Agreement and shall have effect as if set out in full in the body of this Agreement. Any reference to this Agreement includes the Schedules.
- 1.4 Words in the singular include the plural and vice versa.
- 1.5 A reference to one gender includes a reference to the other genders.
- 1.6 A reference to a statute or statutory provision is a reference to it as it is in force for the time being, taking account of any amendment, extension or re-enactment and includes any subordinate legislation for the time being in force made under it.

- 1.7 A reference to **writing** or **written** includes faxes, and e-mail.
- 1.8 Any obligation in this Agreement on a person not to do something includes an obligation not to agree or allow that thing to be done.
- 1.9 A reference to a document is a reference to that document as varied or novated (in each case, other than in breach of the provisions of this Agreement) at any time.
- 1.10 References to clauses and Schedules are to the clauses and Schedules of this Agreement. References to paragraphs are to paragraphs of the relevant Schedule.

2. COMMENCEMENT AND DURATION

- 2.1 This Agreement shall take effect from the Effective Date and shall continue until 31st March 2024 unless the Agreement is subject to earlier termination in accordance with its terms.
- 2.2 The Parties may agree to extend the term of this Agreement for a period of 12 months beyond the initial term (a Further Term) by written agreement before the expiry of the initial term in Clause 2.1.

3. PRINCIPLES OF COLLABORATION

- 3.1 The Parties agree to adopt the following principles for the purposes of implementation of this Agreement:
- (a) Collaborate and co-operate to ensure the Services are delivered as set out in this Agreement and actions taken as required;
 - (b) Be accountable. Take on, manage and account to each other for performance of the respective roles and responsibilities set out in this Agreement;
 - (c) Be open. Communicate openly about major concerns, issues or opportunities relating to the Services;
 - (d) Learn, develop and seek to achieve full potential. Share information, experience, materials and skills to learn from each other and develop effective working practices, work collaboratively to identify solutions, eliminate duplication of effort, mitigate risk and reduce cost;
 - (e) Adopt a positive outlook. Behave in a positive, proactive manner;
 - (f) Adhere to statutory requirements and best practice. Comply with applicable laws and standards including data protection and freedom of information legislation. In particular the Parties agree to comply with the requirements of the Information Sharing Protocol in Schedule 4;
 - (g) Act in a timely manner;
 - (h) Manage stakeholders effectively;

- (i) Deploy appropriate resources. Ensure sufficient and appropriately qualified resources are available and authorised to fulfil the responsibilities set out in this Agreement; and
- (j) Act in good faith to support achievement of the Aims & Outcomes.

4. SERVICES

- 4.1 The Local Health Board agrees to act as the provider of the Services.
- 4.2 The Local Health Board shall provide the Services for the benefit of Service Users:
 - (a) with reasonable skill and care, and in accordance with best practice guidance;
 - (b) in all respects in accordance with the provisions of this Agreement;
 - (c) in accordance with its standing orders or other rules on contracting; and
 - (d) in accordance with all applicable Law.
- 4.3 The Local Health Board will comply with the requirements of the Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse and the All Wales Child Protection Procedures.

5. STAFF, SAFEGUARDING POLICIES & PRACTICES

- 5.1 The Local Health Board will have employment procedures and policies for the selection of staff that are thorough, including the taking up of references and enhanced Disclosure and Barring Service checks to be renewed every three years and which do not discriminate on the grounds of race, ethnic origin, religious belief, sexual orientation, nationality or disability.
- 5.2 The Local Health Board will need to show they have satisfactory written procedures for the recruitment, selection and employment of staff that are suitably qualified / experienced to carry out the Service.
- 5.3 Staff must have appropriate skills and be suitably trained and qualified for the duties designated to them in accordance with any relevant guidance and legislation including but not limited to Flying Start and Social Care Wales guidance. The Local Health Board must provide details of the experience and training of staff to the Authority on request.
- 5.4 The Local Health Board shall keep a record of formal training which is to be submitted to the Authority on request.
- 5.5 The Local Health Board will be responsible for the costs of mandatory clinical training for staff employed to deliver the Services. Any additional training required to support the delivery of the Services will be discussed with the Authority and if agreed,

arranged by the Local Health Board and funded as part of the project costs in accordance with clause 5.10 of this Agreement.

- 5.6 The Local Health Board should ensure that job descriptions and work procedures will be available to all staff to assist them in doing their jobs.
- 5.7 The Local Health Board should ensure that staff are able to make an assessment of the risk to themselves and the Service User in providing the Service.
- 5.8 The Local Health Board will be responsible for the supervision and management of staff employed to deliver the Services.
- 5.9 The staff shall always carry and display on request appropriate identification which includes the Local Health Board's telephone number, the employee's name and a recent photograph of them.
- 5.10 The Local Health Board shall supply copies of the following policies to the Authority to provide assurance that the Local Health Board has in place safeguarding practices that are compliant with the All Wales Child Protection Procedures:
 - (a) Child Protection Policy
 - (b) Whistleblowing Policy
 - (c) Staff Disciplinary Procedures relating to allegations against staff
 - (d) Reducing Restrictive Practice Policy
- 5.11 The Local Health Board shall provide evidence that all staff have an up to date enhanced Disclosure and Barring Service check.
- 5.12 The Local Health Board shall provide evidence that all staff working with children and young people have received child protection training which is renewed at appropriate intervals.
- 5.13 The Local Health Board shall provide evidence that all appropriate risk assessments are completed for activities involving children and young people, including appropriate assessment of safeguarding risks.

6. FINANCIAL CONTRIBUTIONS

- 6.1 The Authority shall pay to the Local Health Board based on costs incurred to deliver the service during the period 1st April 2022 – 31st March 2024. The estimated indicative amounts are provided in Schedule 2, with the Local Health Board providing costings in each financial year.
- 6.2 Payment shall be made monthly in arrears following receipt of a claim from the Local Health Board for costs incurred in the relevant month. Claims must comprise of an appropriate invoice together with a completed expenditure statement in the format

contained in Appendix A of Schedule 2. Claims must be submitted to sharon.buckle@pembrokeshire.gov.uk and cc to socialcarecontracts@pembrokeshire.gov.uk within 10 days of the end of each month.

- 6.3 Upon receipt of an undisputed invoice the Authority shall arrange payment of the invoice within 30 days.

7. GOVERNANCE

- 7.1 The Local Health Board shall nominate the Local Health Board's Authorised Officer, who shall be the main point of contact for the Authority and shall be responsible for representing the Local Health Board and liaising with the Authority's Authorised Officer in connection with this Agreement.
- 7.2 The Authority shall nominate the Authority's Authorised Officer, who shall be the main point of contact for the Local Health Board and shall be responsible for representing the Authority and liaising with the Local Health Board's Authorised Officer in connection with this Agreement.
- 7.3 The Authorised Officers shall be responsible for taking decisions concerning this Agreement, unless they indicate that the decision is one that must be referred to their respective boards (or equivalent).

8. MONITORING AND EVALUATION

- 8.1 The Parties shall liaise closely during the provision of the Services to discuss service provision.
- 8.2 The Local Health Board shall keep accurate records relating to the provision of the Services in such form as the Authority may reasonably specify from time to time, except for all Health Visiting records that must remain confidential. The Local Health Board shall provide copies of such records when required by the Authority. This could include details of Service Users, financial information and any other information reasonably required.
- 8.3 The Local Health Board will comply with the monitoring and evaluation requirements in Schedule 3.

9. VARIATIONS

This Agreement may be varied by the Partners at any time by agreement in writing in accordance with the Partners' internal decision-making processes but must at all times comply with Welsh Government Guidance relating to Flying Start.

10. HEALTH AND SAFETY

- 10.1 The Local Health Board shall (and shall use reasonable endeavours to ensure its Representatives) comply with the requirements of the Health and Safety at Work etc Act 1974 and any other acts, orders, regulations and codes of practice relating to health and safety, which may apply to the Services and persons working on the Services.
- 10.2 The Local Health Board shall ensure that its health and safety policy statement (as required by the Health and Safety at Work etc Act 1974), together with related policies and procedures, are made available to the Authority on request.
- 10.3 The Local Health Board shall notify the Authority if any incident occurs in the performance of the Services, where that incident causes any personal injury or damage to property that could give rise to personal injury.

11. EQUALITY DUTIES

- 11.1 The Partners acknowledge their respective duties under equality legislation to eliminate unlawful discrimination, harassment and victimisation, and to advance equality of opportunity and foster good relations between different groups as provided by the Equality Act 2010.
- 11.2 The Local Health Board shall take all reasonable steps to secure the observance of clause 11 by all servants, employees or agents of the Local Health Board employed in delivering the Services described in this Agreement.

12. FREEDOM OF INFORMATION

The Partners acknowledge that each is subject to the requirements of FOIA and the Environmental Information Regulations 2004 (EIR), and shall assist and co-operate with one another to enable each Partner to comply with these information disclosure requirements, where necessary.

13. DATA PROTECTION AND INFORMATION SHARING

- 13.1 Each Partner shall (and shall procure that any of its Representatives involved in the provision of the Services shall) comply with any notification requirements under Data Protection Legislation. Both Partners shall duly observe all their obligations under Data Protection Legislation, which arise in connection with this Agreement.
- 13.2 The Partners shall share information about Service Users to improve the quality of care and enable integrated working. The Partners shall adhere to the Information Sharing Protocol when sharing information under this Agreement.

13.3 The Partners must ensure that their staff update their information governance training on a regular basis to ensure that they are familiar with all obligations under Data Protection Legislation.

14. CONFIDENTIALITY

14.1 The Partners agree to keep confidential all documents relating to or received from the other Partner under this Agreement that are labelled as confidential.

14.2 Where a Partner receives a request to disclose Information that the other Partner has designated as confidential, the receiving Partner shall consult with the other Partner before deciding whether the Information is subject to disclosure.

14.3 The obligations in clauses 14.1 and 14.2 shall not apply to:

- (a) Any disclosure of information that is reasonably required by persons engaged in the performance of their obligations under this Agreement.
- (b) Any matter which a party can demonstrate is already generally available and in the public domain otherwise than as a result of a breach of this clause.
- (c) Any disclosure which is required by any law (including any order or a court of competent jurisdiction) any statutory obligation or the rules of any stock exchange or governmental or regulatory authority having the force of law.
- (d) Any disclosure of information which is already lawfully in the possession of the disclosing Partner without restrictions as to its use prior to its disclosure by the disclosing Partner.
- (e) Any disclosure which is required or recommended by the rules of any governmental or regulatory authority including any guidance from time to time as to openness and disclosure of information by public bodies.
- (f) Any disclosure which is necessary to be disclosed to provide relevant information to any insurance broker in connection with obtaining any insurance required by this Agreement.
- (g) Any disclosure by a party to a department, office or agency of the Government.
- (h) Any disclosure for the purpose of the examination and certification of a party's accounts.

14.4 Where disclosure is permitted under clauses 14.3(a), 14.3(f), 14.3(g) or 14.3(h) the recipient of the information shall be placed under the same obligation of confidentiality as that contained in this Agreement by the disclosing Partner.

15. INDEMNITIES

- 15.1 The Local Health Board is a member of the NHS Wales Risk Pool Scheme and is able to apply NHS Indemnity to services it provides under the current NHS Wales Indemnity Policy.
- 15.2 Each Partner (**Indemnifying Partner**) shall indemnify and keep indemnified the other Partner (**Indemnified Partner**) against all actions, proceedings, costs, claims, demands, liabilities, losses and expenses whatsoever, whether arising in tort (including negligence), default or breach of this Agreement, to the extent that any loss or claim is due to the breach of contract, negligence, wilful default or fraud of itself, the Indemnifying Partner's employees, or any of its Representatives or sub-contractors, except to the extent that the loss or claim is directly caused by or directly arises from the negligence, breach of this Agreement, or applicable Law by the Indemnified Partner or its Representatives.

16. LIABILITIES

- 16.1 Each Partner shall, at all times, take all reasonable steps to minimise and mitigate any loss or damage for which the relevant Partner is entitled to bring a claim against the other Partner under this Agreement.

17. COMPLAINTS AND INVESTIGATIONS

- 17.1 The Local Health Board shall deal with all complaints received concerning the Services in the first instance in accordance with the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011, referred to as the Putting Things Right Process.
- 17.2 The Partners shall each fully comply with any investigation by the Public Services Ombudsman for Wales, including providing access to Information and making staff available for interview.

18. DISPUTE RESOLUTION

- 18.1 The Authority's Authorised Officer and the Local Health Board's Authorised Officer shall use their best endeavours to resolve disputes arising out of this Agreement.
- 18.2 If any dispute is not resolved within 21 days, either Partner, by notice in writing to the other, may refer the dispute to the chief executives (or equivalent) of the Partners, who shall co-operate in good faith to resolve the dispute as amicably as possible within 21 days of service of the notice.
- 18.3 Subject to clause 18.4, if the chief executives (or equivalent) fail to resolve the dispute in the allotted time, the Dispute Resolution Procedure shall be deemed exhausted and the aggrieved Partner may commence legal proceedings.

18.4 This clause 18 shall not prevent either Partner from seeking injunctive relief at any time during the Term (regardless of whether the Dispute Resolution Procedure set out in this clause 18 has been exhausted or not) in the case of any breach or threatened breach by the other Partner of any obligation under this Agreement.

19. TERMINATION

19.1 Without prejudice to other rights and remedies at law, and unless terminated under clause 20.2, either Partner may terminate this Agreement at any time by giving 3 months' written notice to the other Partner.

19.2 Either Partner (for the purposes of this clause 20.2, the **First Partner**) may terminate this Agreement in whole or part with immediate effect by the service of written notice on the other Partner (for the purposes of this clause 20.2, the **Second Partner**) in the following circumstances:

- (a) if the Second Partner is in breach of any material obligation under this Agreement, provided that, if the breach is capable of remedy, the First Partner may only terminate this Agreement under clause 19.2, if the Second Partner has failed to remedy the breach within 28 days of receipt of notice from the First Partner (**Remediation Notice**) to do so;
- (b) there is a Change in Law that prevents either Partner from complying with its obligations under this Agreement; or
- (c) following a failure to resolve a dispute under clauses 18.1 and 18.2.

19.3 The following clauses shall survive termination or expiry of this Agreement: clause 12 (Freedom of Information), clause 13 (Data Protection), clause 15 (Indemnities) and clause 166 (Liabilities).

20. PUBLICITY

The Partners shall use reasonable endeavours to consult one another before making any press announcements concerning the Services or the discharge.

21. NO PARTNERSHIP

Nothing in this Agreement shall be construed as constituting a legal partnership between the Partners or as constituting either Partner as the agent of the other for any purpose whatsoever, except as specified by the terms of this Agreement.

22. THIRD PARTY RIGHTS

No one other than a party to this agreement, their successors and permitted assignees, shall have any right to enforce any of its terms.

23. NOTICES

23.1 Notices shall be in writing and shall be sent to the other Partner marked for the attention of the chief executive (or equivalent) or another person duly notified by the Partner for the purposes of serving notices on that Partner, at the address set out for the Partner in this Agreement.

23.2 Notices may be sent by first class mail. Correctly addressed notices sent by first class mail shall be deemed to have been delivered 72 hours after posting.

24. ASSIGNMENT AND SUBCONTRACTING

Neither party shall assign, transfer, mortgage, charge, subcontract, declare a trust over or deal in any other manner with any or all of its rights and obligations under this agreement without the prior written consent of the other party.

25. SEVERABILITY

If any provision or part-provision of this Agreement is or becomes invalid, illegal or unenforceable, it shall be deemed modified to the minimum extent necessary to make it valid, legal and enforceable. If such modification is not possible, the relevant provision or part-provision shall be deemed deleted. Any modification to or deletion of a provision or part-provision under this clause shall not affect the validity and enforceability of the rest of this agreement.

26. WAIVER

26.1 The failure of either Partner to enforce any of the provisions of this Agreement at any time or for any period of time shall not be construed to be a waiver of any such provision and shall in no matter affect the right of that Partner thereafter to enforce such provision.

26.2 No waiver in any one or more instances of a breach of any provision of this Agreement shall be deemed to be a further or continuing waiver of such provision in other instances.

27. ENTIRE AGREEMENT

This Agreement, the Schedules and the documents annexed to it or otherwise referred to in it contain the whole agreement between the parties relating to the subject matter of it and supersede all prior agreements, arrangements and understandings between the parties relating to that subject matter.

28. GOVERNING LAW AND JURISDICTION

Subject to clause 19, this Agreement and any dispute or claim arising out of or in connection with it or its subject matter shall be governed by and construed in

accordance with the law of England and Wales, and the Partners irrevocably agree that the courts of England and Wales shall have exclusive jurisdiction to settle any dispute or claim that arises out of or in connection with this Agreement.

29. FAIR DEALINGS

The Partners recognise that it is impracticable to make provision for every contingency which may arise during the life of this Agreement and they declare it to be their intention that this Agreement shall operate between them with fairness and without detriment to the interests of either of them and that if in the course of the performance of this Agreement, unfairness to either of them does or may result then the other shall use its reasonable endeavours to agree upon such action as may be necessary to remove the cause or causes of such unfairness.

This document has been executed as a deed and is delivered and takes effect on the date stated at the beginning of it.

Executed as a Deed by
affixing the Common Seal of
HYWEL DDA UNIVERSITY LOCAL HEALTH BOARD
in the presence of:

Authorised Signatory

Executed as a Deed by
affixing the Common Seal of
PEMBROKESHIRE COUNTY COUNCIL
in the presence of:

Authorised Signatory

SCHEDULE 1: Services

The Flying Start programme includes four core elements: intensive health visiting, funded childcare for 2-3 year olds for 12 ½ hours per week, a range of parenting programmes and early language opportunities. The aim of the Services are to enable children to reach their full potential, enjoying improved learning and health and social wellbeing outcomes by supporting families and Flying Start settings.

Health Visiting

Aims:

- To deliver the Flying Start Healthy Child Wales Programme to families with children aged 0-4 living within the Flying Start catchment area in line with the Welsh Government guidance.
- To work in partnership with the wider Flying Start team to promote engagement and take up across the whole Flying Start programme.
- To provide information, advice and assistance for service users.

Activities:

- To register families into the Flying Start programme and work in partnership with parents to actively promote their engagement and take up of all aspects of the programme.
- To deliver the Healthy Child Wales Programme.
- Will work universally to assess the child and family's health and wellbeing and use an evidence based tool, currently FRAIT, recommended by Welsh Government to identify the level of resilience, referring to the wider Flying Start team and/or other agencies for support.
- Work in partnership across the Flying Start service to deliver evidence based parenting programmes.
- To coordinate and manage the delivery of interventions by the Community Nursery Nurses as identified within the Health Visiting care plan.
- To work in partnership with the generic Community Midwifery Service and Flying Start Midwife to deliver early intervention to families assessed as needing additional support and to ensure smooth transition to the Flying Start Health Visiting team.
- Will work in partnership with community based poverty programmes (i.e. Families First, Supporting People and Public Health Officers) to provide health promotion interventions in line with All Wales Public Health targets and measure outcomes.
- Provision of information, advice and assistance (IAA) as appropriate to the issue presented and outcome required.

Additional Requirements:

- To work in multi-agency partnership and to contribute to a support plan for specific families and children as required. Attend relevant partnership meetings as appropriate.

- To comply with the requirements of the CYPP Participation Strategy and the National Children and Young People Participation Standards to involve children and young people in making decisions which affect them.

Midwifery

Aims:

The Flying Start midwifery service will:

- Work in partnership with the Community Midwifery Service to provide an additional midwifery service to pregnant women living within the Flying Start catchment areas. The service will provide early interventions and engagement at the antenatal stage, in particular providing support for pregnant women who are experiencing issues with substance misuse, mental health and domestic abuse.
- Promote immunisations in pregnancy, all of which will all have an impact on a child's development and life outcomes.
- Work in partnership with the wider Flying Start team to promote engagement and take up across the whole Flying Start programme.
- Provide information, advice and assistance for service users.

Activities:

The Flying Start Midwifery service will:

- undertake risk assessments using the recommended assessment tool, as per Welsh Government guidance in order to inform the development of a midwifery support plan, which will be delivered alongside Community Midwifery input.
- deliver structured evidenced/research based programmes e.g. 'Grow Brain'.
- promote and support mothers with breastfeeding.
- work in partnership with colleagues to attend existing groups to deliver key messages regarding healthy pregnancies.
- provide information, advice and assistance (IAA) as appropriate to the issue presented and outcome required.

Additional Requirements:

- To work in multi-agency partnership and to contribute to a support plan for specific families and children as required. Attend relevant partnership meetings as appropriate.
- Comply with the requirement of the CYPP Participation Strategy and the National Children and Young People Participation Standards to involve children and young people in making decisions which affect them.

Speech and Language Therapy

Activities:

- Assess all Flying Start children who have been identified as at risk of delayed communication development, within 14 weeks in line with HDUHB targets.

- To provide home-based bespoke programmes for children aged 0-2 years.
- Liaise with generic SALT service to transfer specialist provision.
- To contribute to the training needs analysis of the workforce and settings.
- To provide support universally to settings meeting the requirement of the workforce and settings.
- To provide support universally to settings meeting the requirements and standards of Early Language guidance.
- Support the Flying Start programme to implement the key messages around Early Language Development in partnership with Parenting, Health and Education.
- Provision of information, advice and assistance (IAA) as appropriate to the issue presented and outcome required.

Additional Requirements:

- To work in multi-agency partnership and to contribute to a support plan for specific families and children as required. Attend relevant partnership meetings as appropriate.
- Comply with the requirement of the CYPP Participation Strategy and the National Children and Young People Participation Standards to involve children and young people in making decisions which affect them.

Families First – Community Nursery Nurses

Aims:

- To support the delivery of the Healthy Child Wales Programme to families with children aged 0-5.
- To work in partnership with the Generic Health Visiting teams to promote engagement and take up across the whole Flying Start programme.
- To provide information, advice and assistance for service users.

Activities:

- Work in partnership across the Generic service to deliver evidence based parenting programmes.
- To deliver of interventions of support as identified by the Health Visitor Care Plan.
- Will work in partnership with community based poverty programmes (i.e. Flying Start and Public Health Officers) to provide health promotion interventions in line with All Wales Public Health targets and measure outcomes.
- Facilitate group work sessions with families.
- Provision of information, advice and assistance (IAA) as appropriate to the issue presented and outcome required.

Additional Requirements:

- To work in multi-agency partnership and to contribute to a support plan for specific families and children as required. Attend relevant partnership meetings as appropriate.

- To comply with the requirements of the CYPP Participation Strategy and the National Children and Young People Participation Standards to involve children and young people in making decisions which affect them.

SCHEDULE 2: Payment and Financial Reporting

	Actual costs 2022/23	Indicative costs 2023/24	Indicative costs 2024/25 If an extension is agreed
Health Visiting	782,172	834,404	855,507
Midwifery	37,623	36,562	36,562
SALT	106,909	155,423	156,946
Community Nurse	68,997	82,174	82,995
Total	955,701	1,108,563	1,132,010

Appendix A: Expenditure Report

FLYING START FUND EXPENDITURE REPORT

[insert month] [2022 OR 2023]

Name of Organisation: Hywel Dda University Health Board

Project: Health Visiting / Midwifery / Speech and Language Therapy / Community Nursery Nurse



TOTAL AMOUNT AWARDED THIS PERIOD: £

	Details	£
No. of Staff covered:		
Salary Costs (including staff names):		
Travel Costs:		
Expenses:		
Office Costs:		
Project Costs:		
Total Expenditure:		

I certify that the expenditure shown for the above period has been incurred on Flying Start funded projects and in accordance with the terms and conditions of the agreement with Pembrokeshire County Council.

Signed: _____ **Position:** _____

Date: _____

Appendix B: Salaries Monitoring



Provider:

SALARIES MONITORING

Job Title	Name / Reference No of staff member being funded	Start Date	End Date	Contracted Hours of Work	Flying Start project related hours	Contracted Salary £	Flying Start related Salary £	On costs £	New post or existing	Please provide a copy of the job description to the Flying Start Finance Officer (✓ once auctioned)	If this post is partly funded by Flying Start and you are in receipt of another funding source please state which here:	Welsh Speaking Y/N

SCHEDULE 3: Monitoring and Evaluation

The information to be collected, monitored and reported on by the Local Health Board for each of the projects is as set out in this Schedule 3. The Local Health Board is required to submit the monitoring information within 10 days of the end of each term. The term dates are:

2022-23

Term 1: 01.04.22 – 31.08.22

Term 2: 01.09.22 – 31.12.22

Term 3: 01.01.23 – 31.03.23

For each of the projects the health and safety risk assessment (see Appendix A to Schedule 3) and safeguarding risk assessment (see Appendix B) must be completed and returned to sharon.buckle@pembrokeshire.gov.uk before 30th April 2023.

At the end of each day the Local Health Board must record all contact with Service Users on the Council's data system, Synergy.

Health Visiting

Performance measures for 2022-2023 (including measurable targets)

- A view to provide the number of antenatal visits in the home, as this not currently recorded on the Maternity IT data set so consideration will need to be given how this will be captured.
- Number of primary birth visits
- % of Health Visitors with correct case load (1:110)
- % of children identified with an additional need receiving appropriately and timely intervention
- % of Health Visiting team BFI approved trained.
- Number of service users who have received information, advice and assistance.
- Examples of information, advice and assistance provided.

Beneficial outcomes for project users

- % of children assessed as low resilience requiring enhanced or intensive service becoming more resilient and progressing to an enhanced or universal service within 12 months
- % of children presented at A&E or MI Units with unintentional injuries within the home
- % of children breastfed at 6 months
- % of children fully immunized at 47 months
- % of Flying Start children aged 0-47 months referred as Children in Need
- % of Flying Start children aged 0-47 months on the Child Protection Register

Progress Report

Progress reports will be required termly, outlining the work of the project and progress towards achieving objectives. The reports will include information on:

- Each of the performance measures for 2022-23 and beneficial outcomes for project users listed above.
- Activities and performance against agreed targets.
- Evidence of impact of your activities on the well-being of children and/or young people
- What if anything has gone less well? What lessons learnt?
- Make recommendations for improvements.
- Any other issues arising.

Monitoring Report

The below monitoring report is to be completed termly.

Flying Start – Health Visitor Monitoring Report

Name: _____

Term: _____ Hours worked: _____

Number of training days attended: _____

CONTACTS:	Week		Week		Week		Week		Week	
	Home	Other	Home	Other	Home	Other	Home	Other	Home	Other
No of PBVs										
No of face to face contacts										
No with ethnic minority families										
No with children from families where Welsh is the 1 st language										
No with children where English and Welsh is not 1 st language										
No with children of teenage parents										
No with children of first time parents										
No with children with a disabled parent/carer										
No with children with a disability										
No with girls										
No with boys										
No of transfers into the FS area										
No of movements out of the area										
No of transfers to another FS area										

Caseload:	Number of children:
Number of children under 4 on caseload	
Number of children from ethnic minority families	
Number of children from families where Welsh is the 1 st language	
Number of children where English and Welsh is not 1 st language	
Number of children from teenage parent(s)	
Number of children of a first time parent(s)	
Number of children with a disabled parent/carer	
Number of children with a disability	
Number of girls	
Number of boys	
Number of children aged 4 and over	
Cumulative count of individual children receiving HV services in the month to date	
Number of new births in the month	

Progress reports and monitoring reports must be submitted within 10 days of the end of each term. Failure to meet these submission dates may result in a loss of funding. All reports are to be sent by e-mail to sharon.buckle@pembrokeshire.gov.uk and cc to socialcarecontracts@pembrokeshire.gov.uk

The Authority may carry out its own evaluation of the Service. The Local Health Board shall co-operate fully with any such evaluation particularly with the provision of requested information.

Midwifery

Performance measures for 2022-23 (including measurable targets)

- Number of current pregnancies in Flying Start areas
- Number of ante-natal contacts by Flying Start Midwife
- Number of post-natal contacts by Flying Start Midwife
- Number of face to face contacts by Flying Start Midwife
- Number of face to face contacts in the home by Flying Start Midwife
- Number of new referrals
- Number of parenting group sessions facilitated.
- Number of packages of enhanced support arranged that ended in the term
- Number of service users who have received information, advice and assistance
- Examples of information, advice and assistance provided

Beneficial outcomes for project users

- Packages of support partially delivered (50% or more sessions completed)
- Packages of support mainly delivered (75% or more sessions completed)
- Packages of support fully delivered (100% sessions completed)
- Packages of support leading to positive distance travelled.

Progress reports

Progress reports will be required termly, outlining the work of the project and progress towards achieving objectives. The reports will include information on:

- Each of the performance measures for 2022-23 and beneficial outcomes for project users listed above.
- Activities and performance against agreed targets.
- Beneficial outcomes for project users.
- Evidence of impact of your activities on the well-being of children and/or young people
- What if anything has gone less well? What lessons learnt?
- Make recommendations for improvements.
- Any other issues arising.

Monitoring Report

The below monitoring report is to be completed termly.

Flying Start – Midwifery Monitoring Report

Name: _____

Term: _____ Hours worked: _____

Number of training days attended: _____

Activity:

Number of current pregnancies in Flying Start areas	
Number of ante-natal contacts	
Number of post-natal contacts	
Number of face to face contacts	
Number of face to face contacts in the home	

Referrals:

Number of new referrals to Flying Start Midwife	
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Caseload:

Number of cases open	
Number of pre-birth child protection conferences	

Parenting:

Number of parenting group sessions facilitated	
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Packages of Support:

Total number of packages of enhanced support arranged that ended in the term	Packages of enhanced support partially delivered (50% or more sessions completed)	Packages of enhanced support mainly delivered (75% or more sessions completed)	Packages of enhanced support fully delivered (100% or more sessions completed)	Packages of enhanced support leading to positive distance travelled

Progress reports and monitoring reports must be submitted within 10 days of the end of each term. Failure to meet these submission dates may result in a loss of funding. All reports are to be sent by e-mail to sharon.buckle@pembrokeshire.gov.uk and cc to socialcarecontracts@pembrokeshire.gov.uk

The Authority may carry out its own evaluation of the Service. The Local Health Board shall co-operate fully with any such evaluation particularly with the provision of requested information.

Speech and Language Therapy

Performance measures for 2022-23 (including measurable targets)

WELLCOMM:

- Evaluate the effectiveness of the Wellcomm programme.
- 15 month old babies and are screened by Health Visitors for Speech and Language development. Red: referred directly to SLT, Amber: referred to targeted group/Community Nursery Nurse for support.
- Children where concerns have been identified screened again at 27 months by Health Visitor.

Staff Training:

Flying Start staff are involved in programme delivery and receive regular advice / review in order to assist them to achieve good results.

- Receive Elklan or alternative bespoke training packages delivery by SLT to support work with children and their families.
- Health Visitor and workforce training to update on WELLCOMM and referral process.
- Joint training for CNN and LAP workers for developing language.

How well will we do it?

- % of those staff received required support
- Number of training packages delivered
- % of staff attending training

SUPPORT FOR INDIVIDUAL CHILDREN/FAMILIES:

How much will we do?

- Children identified with significant speech, language and communication needs (SLCN) receive tailored packages of care in all settings they attend.

Target

- Number of children identified with SLCN who require this service
- Number of families / settings who take up the service – 90%
- Number of children supported via outreach

How well will we do it?

% of children identified who take up the service.

TRAINING FOR FAMILIES:

How much will we do?

- Target families receive training to improve their understanding and skills in dealing with speech and language development in children through bespoke packages of support.

Target

- Number of families received support – 10

How well will we do it?

- Target enrolment achieved – 100%
- 1 parent engagement per term, per catchment area.
- 60% of families complete

AWARENESS RAISING:

How much will we do?

- Development of a package to raise awareness of key messages about communication development
- Health Visitors and FS Advisory Teacher meet with the new families at the start of each term in the Flying Start settings. SLT to be involved in these meetings to raise awareness of key messages about communication development.

Target

- Development of package completed – by 31st March 2023

How well will we do it?

- Identify settings (baby groups and/or GP Surgeries) – 8 settings to be targeted.

ACCESS TO SLT SERVICE:

How much will we do?

- All children and families are able to access the services offered.

Target

- Number of appointments offered in each setting
- Number of appointments 'could not attend'
- Number of appointments 'did not attend'

How well will we do it?

- % of CNA
- % of DNA

Progress reports

- Monthly monitoring reports completed
- Monthly attendance and feedback/informal progress reporting at operational meeting
- Annual report produced

Monitoring Report

The below monitoring report is to be completed termly.

Flying Start – Speech and Language Monitoring Report

Name: _____

Month: _____

Hours

Worked:

Number of training days attended: _____

Contacts:

Number of face to face contacts	
Of which number of visits at home	
Number of referrals received	
Number of children supported via Outreach	

Informal structured group-based courses ending in the term:

	Total places made available on the course that ended in the term (including planned and cancelled)	Total numbers enrolled on the course	Places taken up on the course (attended first session)	Places taken up with 50% or more of sessions attended	Places taken up with 75% or more sessions attended	Places taken up resulting in an accredited qualification (based on submissions if accreditation not yet confirmed)	Places taken up leading to positive distance travelled
Structured early language development courses							

(excluding LAP/NAP)							
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One to one and drop-in support:

	Total number of packages of enhanced support arranged that ended in the term	Packages of enhanced support partially delivered (50% or more sessions completed)	Packages of enhanced support mainly delivered (75% or more sessions completed)	Packages of enhanced support fully delivered (100% sessions completed)	Packages of enhanced support leading to positive distance travelled
Early language development support					

Parent-sessions delivered on an informal drop-in basis during the term:

Number of early language development sessions delivered on an informal basis during the term	
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Signed: _____ **Position:** _____

Date: _____

Progress reports and monitoring reports must be submitted within 10 days of the end of each term. Failure to meet these submission dates may result in a loss of funding. All reports are to be sent by e-mail to sharon.buckle@pembrokeshire.gov.uk and cc to socialcarecontracts@pembrokeshire.gov.uk

The Authority may carry out its own evaluation of the Service. The Local Health Board shall co-operate fully with any such evaluation particularly with the provision of requested information.

CNN Monthly Monitoring Report:

Name:

Month:

Cases:	Flying Start	Families First	Merlins Bridge
Number of cases open at beginning of month:			
Number of new cases allocated during month:			
Number of cases closed during month:			

Contacts:	Flying Start	Families First	Merlins Bridge
Number of face to face contacts:			
Number of face to face contacts in the home:			
Number of ante natal contacts:			
DNAs:			
Cancellations:			
Telephone calls:			

Group work	Flying Start	Families First	Merlins Bridge
Number of groups run throughout the month:			
Number of parents seen at groups:			
Hrs spent on preparation work for group work:			

APPENDIX A: Health and Safety Risk Assessment & Safeguarding Risk Assessment

HEALTH AND SAFETY RISK ASSESSMENT: Flying Start Health Board Staff

Person responsible: Sharon Buckle	Place: Flying Start Offices, Cross Park Pennar, Pembroke Dock	Assessed By:	Date:
Manager: Sarah Tingle	Task, Activity or Situation: Provision of the Health Board elements of the Flying Start Programme in Pembrokeshire	Re-assessment date:	

Risk = severity x likelihood	Severity of harm		
Likelihood of occurrence	(1) Slight (All other injuries and illnesses)	(2) Serious (Over 3 day injury or serious illness)	(3) Major (Death or major injury)
(1) Low (Harm will seldom occur)	Low (1)	Low (2)	Medium (3)
(2) Medium (Harm likely to occur)	Low (2)	Medium (4)	High (6)
(3) High (Harm certain to occur)	Medium (3)	High (6)	High (9)

HAZARD	WHO MIGHT BE HARMED AND HOW?	EXISTING CONTROL MEASURES	RISK (severity x likelihood)	WHAT MORE NEEDS TO BE DONE TO CONTROL THE RISK?	BY WHOM? BY WHEN?
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Working within accommodation controlled by another agency other than employing agency	Health Board Staff	Engagement with Building control measures Able to report hazards/issues for solution to manger responsible for Local Authority building Staff are provided with accommodation which meets health and safety requirements Local Authority building manager ensures staff are aware and able to implement fire evacuation policy.	2	Regular reports from LA Building manager as to Health and safety risks which might affect Health Board staff. Health Board to be supplied with Health and Safety risk assessment undertaken by Local Authority for integrated premises.	LA Building Manager HB Team Manager HB Staff
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SAFEGUARDING RISK ASSESSMENT

The following risk assessment must be completed for all services/activities in contact with pregnant mothers and their families

Risk = severity x likelihood		Severity of harm		
		(1) Slight (All other injuries and illnesses)	(2) Serious (Over 3 day injury or serious illness)	(3) Major (Death or major injury)
Likelihood of occurrence				
(1) Low (Harm will seldom occur)		Low (1)	Low (2)	Medium (3)
(2) Medium (Harm likely to occur)		Low (2)	Medium (4)	High (6)
(3) High (Harm certain to occur)		Medium (3)	High (6)	High (9)

Please ensure that you have assessed safeguarding risks with regard to:

- **Safe Recruitment (examples could include the following):**
 - DBS checks for all staff
 - Written references for all staff


		EXISTING CONTROL MEASURES (and evidence to support)	RISK	WHAT MORE NEEDS TO BE DONE TO CONTROL THE RISK?	BY WHOM? BY
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HAZARD	WHO MIGHT BE HARMED AND HOW?		(severity x likelihood)		WHEN?
Current DBS checks	Patients	<p>Enhanced DBS checks have been undertaken and information supplied to the Council of all staff within this team</p> <p>DBS checks will be undertaken on a 3 yearly basis to comply with LA requirements.</p> <p>HDUHB undertakes its statutory responsibility to safeguarding and is an active member of the Regional Safeguarding Board</p> <p>HDdUHB is an active member of MARAC and MAPPA processes.</p> <p>HDdUHB adheres to statutory legislation including the Social Services Well- being (Wales) act 2017</p> <p>HDdUHB works in line with the All Wales Child Protection Procedures.(2008)</p>	2	All Health Visitors receive Safeguarding supervision in line with the HDUHB Safeguarding Supervision Policy.	<i>HB Team manager and HB staff</i>

- **Induction and Training (examples could include the following):**

- Staff awareness and understanding of the laws and guidance that is in place to protect and safeguard pregnant mothers and their families
- The provision of LSCB Tier 1 Child Protection Training
- Staff are able to recognise the signs and symptoms of abuse and neglect
- Staff understand how to respond to suspected abuse or neglect

		EXISTING CONTROL MEASURES	RISK	WHAT MORE NEEDS TO BE DONE TO CONTROL THE RISK?	BY WHOM? BY

HAZARD	WHO MIGHT BE HARMED AND HOW?	(and evidence to support)	(severity x likelihood)		WHEN?
Staff awareness and understanding of the laws and guidance that is in place to protect and safeguard pregnant mothers and their families	Patients	<p>All staff have a Health Board induction programme.</p> <p>All staff have to access Safeguarding training in line with the Intercollegiate Document: Safeguarding Children and Young People: roles and responsibilities for health care staff.</p> <p>Regular individual case supervision is undertaken by Team.</p> <p>Safeguarding Supervision is undertaken in line with the HDdUHB Safeguarding supervision Policy.</p> <p>Group leader clinical supervision is provided, within team.</p> <p>In relation to Hywel Dda Safeguarding Children Policy (embed doc here).</p>  <p>476-SafeguardingChildrenSupervisionPo</p>		<p>Community NNEB staff under Flying Start will (move under the Health Visitor Flying Start management and become an Early Years integrated team)</p> <p>Regular supervision of cases will be accounted for under each qualified HV professional.</p> <p>FS to explore models for specialist Safeguarding HV role CNS post in HDUHB and across Wales safeguarding children policy implementation.</p>	<i>HB Team manager and staff</i>

- **Creating Safe Environments (examples could include the following)**
 - Adherence to Staff ratio's
 - a) Risks presented by third parties
 - b) Risks presented for pregnant mothers and their families by other pregnant mothers and their families

HAZARD	WHO MIGHT BE HARMED AND HOW?	<p>To complete risk assessment for identified issues.</p> <p>EXISTING CONTROL MEASURES (and evidence to support)</p>	<p>RISK (severity x likelihood)</p>	<p>WHAT MORE NEEDS TO BE DONE TO CONTROL THE RISK?</p>	<p>BY WHOM? BY WHEN?</p>
Workload beyond safe capacity for staff	Staff and patients	<p>Regular supervision of caseload held by staff. Direction of workload via work, planning undertaken with staff by Team Manager Staff encouraged to notify team manager if struggling to meet workload objectives Regular PDR appraisal Employment policies such as Raising Cause for concern etc in place and implemented.</p>	2	Regular ongoing audit and performance monitoring	<i>HB Team Managers and staff</i>

- **Ensuring Safe Practice (examples could include the following):**
 - Risk relating to lone working
 - Staff awareness of situations where they are at risk of allegations against them

HAZARD	WHO MIGHT BE HARMED AND HOW?	<p>EXISTING CONTROL MEASURES (and evidence to support)</p>	<p>RISK (severity x likelihood)</p>	<p>WHAT MORE NEEDS TO BE DONE TO CONTROL THE RISK?</p>	<p>BY WHOM? BY WHEN?</p>
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Lone Working	Staff might be exposed to situations that could cause them physical, emotional and psychological harm	<p>Lone working polices</p> <p>Mobile phone deployment</p> <p>Diary information</p> <p>Signing in and out of office</p> <p>Application of buddy system</p> <p>Application of risk assessments prior to undertaking home visits</p>	3	<p>Regular audit and supervision to ensure staff operate within the policy framework</p> <p>Use of HB Datix system to report any incidents</p> <p>Manager of team to investigate Datix incidents and promote a continuous learning form cycle to improve staff compliance.</p>	<i>HB Team Managers and staff</i>
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