Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR ANSAWDD, DIOGELWCH A SICRHAU PROFIOD
QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	13 April 2021
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Risk 129 - Ability to deliver an Urgent Primary Care Out of Hours Service for Hywel Dda University Health Board Patients
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: **REPORTING OFFICER:**	David Richards, Service Delivery Manager OOH & 111

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Out of Hours (OOH) service has been subject to fluctuating shift fill rates for a number of years, with the situation deteriorating at times to its more critical levels during 2017. This has been reflected in Risk 129 (created in 2017) however, despite frequent review and identification/ completion of actions, the risk remains “High” due to the variation in service provision brought about by the instability of shift fill as the majority of clinicians working for the service remain sessional workers. This creates a system where little control is available to proactively cover vacancies and relies on often late volunteering by the sessional workers, many of whom also work in daytime practice and so will offer their services dependent on how busy they have been, or time of year, which can vary.

Risk 129 refers to the ability for the Health Board (HB) to deliver an Out of Hours Urgent Primary Care Service and acknowledges that there is potential for disruption to service business continuity caused by a lack of available clinical manpower. The outcome of a poorly staffed service could have a detrimental impact on patient experience and also add additional pressures to the wider unscheduled care system. The current risk rating remains unchanged since the last report, at a current level of 12 (High) and this is against an inherent risk rating of 15 (extreme). The current level reflects changes to working practices as a result of the COVID-19 pandemic and is further supported by the relative stability of rotas throughout the pandemic. Fears of a detrimental impact have not been seen.

Cefndir / Background

Out of Hours (OOHs) provides access to patients who have an urgent primary care need when their own General Practice surgery is closed. Previously operated at county level by co-operatives of General Practitioners (GPs), the responsibility to provide OOH services was transferred to NHS Trusts in Wales in 2004 and this was subsequently passed to Health Boards at their creation in 2009.

For a number of years, the service has been able to operate on a reasonably stable basis. However, with reductions in service provision being seen during the past four years, the ability to maintain GP-led services is becoming ever more challenging. The main reason for this is a reduction in availability of GPs who are able to work in an OOH setting. Reasons for these reductions include:

- A demographic of GPs nearing or at retirement age;
- An increase in day time pressures affecting availability to support OOH sessions;
- Changes to Income Tax and National Insurance (NI) status providing a threshold for GPs to work within (before tax and NI contributions affect earning potentials);
- National service changes such as 111;
- A perceived lack of buy-in and willingness to work with the HB management in pursuit of service improvement, such as crossing historic boundaries and supporting the whole health board.

It should be noted that these are issues being experienced by OOH and primary care services throughout NHS Wales and for this reason, there is an awareness of the staffing profile and associated risks held by Welsh Government (WG). This has previously been communicated internally at various planning meetings. These issues remain a relevant consideration when discussing the ability to fill rotas, as the staffing model remains that of predominantly sessional workers which prevents forward planning and stabilisation of rotas in a proactive way.

Despite small increases in the numbers of non-medical clinicians the OOHs service remains almost exclusively a GP-delivered model. Recently there has been an increase in support offered by Advanced Practitioners of nurse and paramedic backgrounds, however it is still not possible to describe the service as a true Multi-Disciplinary Team model. The support these practitioners offer however provides resilience and offers mitigation when doctor shift fill rates are poor. A true MDT approach is the clear ambition and now needs to be addressed going forward.

As a part of the Executive priorities for service transformation in 2019/20, OOH had been assigned a working group to look at modernisation of the service and its clinical model. Substantially affected by the COVID-19 pandemic, this work is yet to reconvene although the need to develop a workforce plan, which encompasses the UHB's need and not solely OOH requests, remains imperative.

<u>111</u>
The 111 service is the "front end" single point of contact for patients who wish to access primary care services when their main surgery is closed. The Welsh Ambulance Service Trust (WAST) provide the initial service with call handling and triage stages being completed outside of the Health Board. Over the past year whilst dealing with the COVID-19 pandemic approximately 45% of demand has been streamed away into other services by the 111 service. This is an increase of approximately 13% when compared to the previous year. The remainder, during the OOH period, is transferred via the clinical system to the UHB OOH service, for action.

Where required, some significantly unwell or potentially complex presentations, along with some low acuity issues can be dealt with by the Clinical Support Hub (CSH). The CSH is composed of senior decision makers, predominantly GPs and Advanced Pharmacists working as a virtual extension to the national 111 service. In terms of governance, these individuals are employed via Swansea Bay University Health Board (SBUHB), whilst operating under a Wales Accord on the Sharing of Personal Information (WASPI) as part of the wider collaborative approach to the provision of the 111 service. This approach to regional working is to be commended and is supporting a route to establishing new and innovative ways of working, capturing and deploying ever decreasing resources for the wider benefit of the West Wales population and not only for Hywel Dda University Health Board (HDdUHB).

Members need to be aware that when a concern is raised with the "111" service, there are a number of avenues which need to be considered in order to understand at which stage, and within which organisation, an incident occurred.

<u>Performance monitoring- Local and All Wales data submissions.</u>

There are national IT issues affecting the ability of OOH services who operate within the 111 system to enable full end-to-end reporting. This has been escalated by the Service Delivery Manager (SDM) to members of WG and to other operational leads. A working group will now be convened in order to revisit the reporting issues and also to develop an interim process to enable some assurance to be provided on a national level. A new system, anticipated to go live in September 2021, will have the ability to provide the accurate monitoring and reporting of 111 and the OOH service. Until this system is introduced the service is able to monitor performance internally and this is reported in monthly national meetings between 111 and the OOH services (Joint Operations).

Asesiad / Assessment

Current service provision.

From March 2020 to March 2021, the combined elements of the 111 and OOH service pathway dealt with 63231 contacts. Approximately 45% (21,997) were supported by 111 and 41,234 calls were dealt with by the OOH service across the UHB. As can be expected, demand is far higher during the winter period in line with wider unscheduled care pressures. This has traditionally coincided with increased pressure in relation to service capacity and has become more prevalent since 2017. In addition, as is to be expected in line with geographical population, Carmarthenshire is the busiest county followed by Pembrokeshire and Ceredigion respectively.

To manage this demand, the OOH service currently operates from five bases throughout the UHB; Bronglais General Hospital (BGH) and Llynyfran Surgery in Ceredigion, Withybush General Hospital (WGH) in Pembrokeshire and Glangwili (GGH) and Prince Philip General Hospitals (PPH) in Carmarthenshire. The bases, with the exception of Llandysul, are all co-located with a local Emergency Department (ED) or Minor Injury Unit (MIU). The service is operational between 18:30 and 08:00 hours on weekdays and 24 hours at weekends and bank holidays. Access to primary care services for two-thirds of the working week (115.5 hours) is provided by the OOH service.

In March 2020, an action was taken to rationalise base cover at 2 of these bases with the sole aim of bolstering the workforce at remaining sites thus maximising service availability and access. This adds a degree of public confidence in the availability of the service. The action resulted in the Llandysul and Llanelli GP resources transferring to GGH overnight, and the MIU stream in PPH made available for face-to-face patients in place of the OOH GP, the outcome being a more robust overnight provision, reducing risk by a regular service being available to the residents of Carmarthenshire.

In order to maximise resilience within the current staffing profile and to plan for the future, a number of actions had been identified and were already in place. These include:

- Service rotas across the three counties are now managed centrally via the administration team based in Haverfordwest (previously managed differently in each county);
- Dedicated GP Advice sessions implemented at times of high demand (mostly weekends and as capacity allows);
- Remote working telephone advice clinicians secured where required;
- Additional remote working capacity has been secured to assist clinicians who may be shielding/ isolating to continue to support operational demand;
- Implementation of ongoing workforce support from the 111 programme team in addressing OOH fragilities
- Health professional feedback form in use between clinicians, service management and 111 (WAST) leads;
- WAST Advance Paramedic Practitioner (APP) resource continued and to be enhanced for winter 2020 and beyond;
- Ongoing recruitment of clinicians had resulted in 14 appointments (sessional or bank basis) during the previous 4 months, mainly as a result of opportunities attributed to the COVID-19 pandemic;

- Rationalisation of overnight bases in place since March 2020 and Executive Team decision which is intended to reduce clinical risks for patients who reside in a locality where there is variable or little overnight service cover. This appears successful and provides support to the wider service delivery whilst reducing some workforce-driven risk;
- Programme Management Office (PMO) project to assess current service provision and risk to work towards a service and workforce redesign is presently on hold due to the COVID-19 situation.
- As part of the PMO work, a new approach to engage with the GP network was held via a workshop in October 2019. However, further workshops planned for 2020 have not taken place due to the COVID-19 pandemic.

Clinical Workforce.

The service is based on a traditional GP model and within the locality. Efforts to increase the membership of the GP workforce have not had any significant impact in recent years especially in relation to contractual staff membership. The current medical workforce has reduced in number with the current profile as follows:

County	Number of Salaried GPs	Number of sessional GPs	Total number of GPs
Pembrokeshire	5	8	13
Ceredigion	5	9	14
Carmarthenshire	0	26	26
			53

In addition, there are two whole-time equivalent APP and one part time salaried Advanced Nurse Practitioner (ANP). These are supported by a further 5 ANPs on a bank basis. The service is currently seeking to cover 769 clinical hours per week, 424 of which occur at weekends. Bank holidays are an additional staffing pressure.

The most significant issue with the current staffing profile is the reliance on and the ability for the majority of staff to opt in to available work. The impact of staffing shortfalls will be discussed later in this report.

Risk Management- Reporting, Performance Monitoring and General Accountability.

The service reports to a variety of teams, panels and committees in order to provide an overview of service provision and, when required, provides details on relevant mitigations associated with staffing risks.

The most frequent escalation tool is the use of situation reports, which are based upon risk scores derived by available capacity. These are circulated twice weekly to UHB managers and executives, operational leads in WAST (999 and 111), WG and the 111 project team. Where potential risks to HB ED/MIU demands are identified, the service will escalate those on a daily basis to general managers for awareness and direction. Any mitigations are also included to ensure service provision is as robust as possible within any given circumstance. An example would be the deployment of an advanced paramedic to cover a locality where no GP staffing has been secured.

The service now has a clinical governance arrangement in place whereby the Deputy Medical Director (Community and Primary Care) meets with service leads on a bi-weekly basis in order to increase the assurances and governance arrangements that are needed to ensure the service operates safely. As an example of the work streams identified in this context, the Clinical Lead GP undertakes performance reviews, which includes case audits. This is in addition to other audits which occur within

the service. Additionally, the monitoring and management of complaints has been enhanced and all Datix complaints and concerns are now reviewed by the Associate Medical Director where required.

Reports to the People, Planning and Performance Assurance Committee (PPPAC) and the Quality, Safety and Experience Assurance Committee (QSEAC), together with frequent scrutiny from Hywel Dda Community Health Council (CHC), are other avenues where the service is held to account.

As part of enhancements to the governance which support OOH services, an OOH peer review was convened in 2018. A follow up review was completed in 2019, with an action plan developed to progress the actions identified.

Service Escalation

It is understood that in order to maximise service resilience, promote assurance and to minimise risks to patients, the service must escalate concerns in relation to clinical staffing. At present, the following process is employed; available clinical hours required are identified and hours that are secured are plotted into a matrix. This provides a predicted shift-fill percentage, which is then RAG scored. The following ranges are then identified:

Escalation Level and RAG rating for Traffic light system	Level 1	Level 2	Level 3	Level 4	Service re-direction if overall shift fill rate falls below 40%
	90%-100%	80%-89%	70%-79%	40%-69%	<39%

Over recent months, the service has predominantly been at level 2. Currently, the service informs a list of executive, hospital and other stakeholding leads, such as WAST emergency medical services, of this staffing position. The table below illustrates potential risks and impact upon patient experience at each escalation level:

Escalation Level	Descriptor	Potential risks
Level 1	Steady State	No risks to patients identified (managed as usual)
Level 2	Moderate pressure	Low staffing level that reduces service quality (managed as usual)
Level 3	Severe pressure	Service operating with potential reduced effectiveness / lack of available capacity / increased risk to patients
Level 4	Extreme pressure	Significant risk to patients / non-compliance with national standards
Level 5	Crisis point (business continuity)	An event which impacts on a large number of patients / gross failure to meet national standards / unsafe staffing levels

In reality, 111/ OOH National Standards and Quality Indicators will drive much of the escalation scoring where it is anticipated in advance of a shift that quality cannot be met. When reviewing activity however, risks are often mitigated by moving demand to available capacity and ensuring it is effectively deployed. Therefore, aside from initial escalation, management of the service generally stays within the service as there is little increase in demand on wider HB services such as ED. In addition, even where cases are delayed by demand/capacity issues, these cases are often finalised within 6 hours of contacting the service.

Temporary Service Changes

As discussed earlier, in response to risks formally raised by operational service clinicians and 111 leads, OOH leads presented a range of options to the executive with the aim of increasing service resilience and hence reduce operational risk. Key risks were predominantly two-fold:

1. the risk to patients who have waited an excessive time before response by an available clinician;
2. the risk to clinicians who are operating in sub-optimal staffing situations, covering wide areas of the HB footprint in less than agreeable circumstances.

A review of capacity and demand was completed in response to these concerns, which indicated that weekday evening and overnight shifts were reasonably well staffed across each of the 5 bases, whilst service demand was low. Therefore, risks and service escalation were within low limits. By contrast, and in line with unscheduled care expectations, demand was seen to be much higher during weekend periods, yet service provision was much more variable, especially within Carmarthenshire. The shortfalls often placed increased strain on the staff who operated from Pembrokeshire and Ceredigion.

The preferred option resulted in a transfer of the overnight resource in Llandysul, combined with the introduction of a new pathway in Llanelli, utilising the MIU system to support OOHs flow in that locality. The aim was to provide two GPs at the Carmarthen base (where possible supported by an APP) to provide cover for South Ceredigion and the entirety of Carmarthenshire. It should be noted that both Llandysul and Llanelli bases suffered with poor staffing positions and overnight cover was often missing altogether, leading to unplanned closures of those bases. This in turn applied pressure to the Carmarthen resource, which led to variable staffing provision in that base, exacerbating the issue and reducing fill rates further.

The rota provision since March 2020 indicates that from a service delivery perspective, the re-allocation of resources has been mostly successful. The approach to the staffing of the Carmarthen base has also been reviewed and, as of 1st September 2020, the GGH base rota appears significantly more stable than in the preceding 3 years. However, at the same time that this stability is being seen, the rota provision across the entirety of the operational week in Pembrokeshire is deteriorating to critical levels. Sickness, annual leave and non-availability of sessional/bank staff is contributing to this situation.

<u>COVID -19</u>

Within 6 weeks of rationalising the bases, planning for COVID-19 commenced and shortly afterwards, 15 new GPs came forward from across the HB to support OOH operations. Combined with the application of lock-down measures, this supported an almost instantaneous increase in the numbers of GPs, which led to the restoration of full-service provision for a number of weeks. In addition, GPs now maximise telephone advice and consequently, a reduction in face-to-face reviews has been seen. At this time, approximately 80% of OOH demand is dealt with via telephone/virtual assessment and this is indicative of the model from which 111 is based.

In the year prior to the COVID-19 pandemic, the combined elements of the 111 and OOH service pathway dealt with 71,689 contacts, with approximately 32% (22,585) being supported by 111 and 49,104 calls dealt with by the OOH service across the UHB. This data can be compared against the year March 2020 to March 2021 where COVID-19 has had a significant impact throughout the NHS. During this period, a total of 63,231 patients contacted 111 (-12%) with 41,234 being consulted by clinicians within the OOH service (-16%). The way in which the service has worked has dramatically changed with an increase of 26% of contacts dealt with by telephone advice and a decrease in treatment centre consultations by 66% and home visits by 48%. This significantly different way of working has assisted the OOH service to efficiently manage patients in the out of hours periods. However, reverting back to seeing more patients face to face would have a significant impact on the ability of the service to function safely and efficiently.

As the end of the financial year approaches, and the journey out of lockdown progresses, shift fill has become somewhat variable once again. A trend has been identified in WGH where night cover is rarely achieved between Saturday and Monday. Weekday cover remains almost universally stable, although there are some exceptions. All mitigating actions are deployed in response to reductions in rota cover including moving clinicians during shift to spread the cover geographically across the UHB, deployment of supplementary staff (e.g. APPs) and providing financial support to increase ED medical cover, as well as investing in remote working capacity, where at all possible.

Patient perspective.

Whilst the rationalisation of the overnight bases appears a success in terms of service readiness and stability, service leads are aware of the need to understand the impact the changes may have had on patients, especially in relation to being able to access a GP in the OOH period in ways to which they are accustomed. The patient survey has not been undertaken for two reasons. Firstly, the team who were working to support the service with this work has been temporarily reassigned to other roles in respect of the COVID-19 HB response. Secondly, even without key service changes, the increase in GP advice, meaning care is provided closer to the patient's home than ever before, has meant patients may not have been disadvantaged by the changes, and in fact, the resilience brought about will be entirely beneficial. Service leads are working with the engagement team to review this process, amend the previous planning to account for COVID-19 and work to better understand how the current service delivery is supporting patient access, journeys and outcomes.

Datix- Incident and Complaint Analysis- April 2020 to March 2021

A new SDM came into post in February 2021 and since this date there have been no Datix reports in relation to service needs. A system search has revealed two Datix reports for the preceding year relating to service needs. Both have been closed and identified as 'No Harm' Level 1. This is reassuring and shows a clear improvement made by the service from an extremely high-risk position with frequent base closures in January 2020 (Risk 129 at level 15 Extreme), through the overnight service changes affecting the Carmarthenshire and Llandysul bases and through the COVID-19 to date (Level 12- High).

Members should be assured that Datix risks and incidents are reviewed on a monthly basis by the service leads and there is an additional review made by the OOH complaints governance team. The SDM and clinical lead then provide a report to the Joint Operations Group and to the All-Wales OOH forum.

Any learning that is identified is reported back into a variety of streams including the HB, 111 Joint Operations Group and the All-Wales OOH Forum. Learning is also discussed in terms of the transformational opportunities and, when the transformation project office has the capacity to reconvene the OOH working group, learning will be utilised to inform the need for change and to identify improvements to the current levels of service delivery. The previously well attended Journal Club has been reconvened and is a regular forum where clinicians can share and discuss clinical cases and provide learning and support. These meetings are chaired by the Deputy Medical Director.

Risk 129.

In summary, there are several factors, some on a national scale, that are affecting the ability to deliver care within the OOH Service. The resulting staffing profile and service risks are reflected in Risk 129. This risk is reviewed regularly and amended as required with any new actions identified as appropriate.

There has been consideration given to reducing the presentation of risk 129 in line with demand reductions, with a view to review and possibly increase the score in the winter period as a reflection of demand and available capacity; a concept which offers a more dynamic oversight and the management of presenting service risks. This is reflected in the current score of 12 (High). In addition,

consideration to limit the risk to weekend hours has also been made. However, given the variations in cover affecting all 3 counties at any time, this is currently not a viable option.

It was anticipated that, as the Carmarthen base rota stabilised, the risk could be reviewed in the context of base rationalisation. However, the deteriorating Pembrokeshire situation has continued to hinder this opportunity currently.

The unpredictable nature of the OOHs workforce, the sickness and retirement factors combined with pan-Wales recruitment issues are therefore making any significant change to the risk scores extremely challenging. With potential staffing complications relating to the COVID-19 situation adding further pressures, the potential need to increase the risk remains a very real possibility and this is kept under continuous consideration by the management team.

Potential Solutions

Prior to the COVID-19 outbreak, significant work had been conducted with the support of the PMO in response to OOHs being identified as an executive priority. The need to restructure the workforce model had been identified and as work to start the production of a workforce model and subsequent business case was about to commence, COVID-19 issues emerged as the new challenge.

It has become apparent that the reliance on a GP staffed model is no longer viable and, whilst GPs will always be needed to provide expert oversight and support, the move to a multidisciplinary team is essential. With this comes an opportunity to provide career pathways for those with a variety of backgrounds to develop triage, community nursing and advanced practice skills; further integration across organisational boundaries such as with the WAST APP model; development of newer roles in the OOH setting such as Health Care Support Workers (HCSW) trained drivers, physician associates, etc. Further opportunities to develop the OOH service into an Urgent Primary Care Service, which operates over a 24-hour period, need to be explored. This model could offer variety and rotation resulting in an opportunity to attract a larger cohort of interested individuals. This change to workforce design could see an increased overall number of colleagues who are salaried and therefore providing a more stable workforce. Consideration of these opportunities will need to be included into the workforce capacity assessments that are being completed at a Health Board level. Unfortunately, it appears that there is no rapid solution to the staffing situation other than piece-meal appointments of non-medical clinicians to be deployed in supplementary positions.

Summary.

The delivery of OOH services is a complex matter and is reliant on a workforce, the majority of whom have the option to opt in/opt out of shift coverage, due to there being very few salaried (contracted) clinicians. The demographic of the local GP network is concerning, considering the proximity to retirement that many are facing. In addition, there are sickness issues that are affecting a number of staff on a long-term basis, together with shortfalls that are explicitly related to the COVID-19 pandemic and related infection control directions.

The variable risk profile is attributed predominantly to the staffing positions and this has resulted in the formal submission of concerns from service clinicians together with 111 staff. In turn, the service has, with the support of the Executive Team, made temporary changes to its operating structure in the overnight period, which for the most part has improved access and stability and increased resourcing. This is with the exception of weekend cover, particularly overnight in Pembrokeshire.

A more formal review of this service change and its impacts on patient journeys is yet to be undertaken due to the current COVID-19 response.

The temporary increase in OOH medical staffing and service stability experienced during the pandemic and combined with lockdown restrictions may soon begin to decrease as the restrictions are

lifted combined with the time of year. A reduction in shift fill rates has the potential to deteriorate to the critical levels experienced previously. These will be escalated via WG matrix to stakeholders.

Most recently, a change to the Carmarthen rota preparation appears to have mitigated the position. However, this coincides with a deterioration in service provision in Pembrokeshire.

The variations in staffing combined with the risks faced across the region are reflected in Risk 129. Despite several actions being identified, solutions being implemented, and consideration of how this risk may be applied differently, the fragility of the service remains evident and it is apparent that this risk may be retained as an active concern for some time to come.

Risk 129 is therefore likely to remain at its present level for some time to come however, the service management team will continue to review and mitigate when opportunity presents.

Argymhelliad / Recommendation

The Committee is asked to receive this report and note the ongoing fragile state of OOHs services within the Health Board in addition to the actions taken in an effort to mitigate the situation.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.2 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.
Cyfeirnod Cofrestr Risg Dati a Sgôr Cyfredol: Dati Risk Register Reference and Score:	R129 - Ability to deliver an Urgent Primary Care Out of Hours Service for Hywel Dda Patients 3x4 =12
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2.1 Managing Risk and Promoting Health and Safety 3.1 Safe and Clinically Effective Care 5.1 Timely Access 7. Staff and Resources

Effaith/Impact:	
Ariannol / Financial: **Ansawdd / Patient Care:** **Gweithlu / Workforce:** **Risg / Risk:** **Cyfreithiol / Legal:** **Enw Da / Reputational:** **Gyfrinachedd / Privacy:** **Cydraddoldeb / Equality:**	Additional financial resource may be required. Where clinical access cannot be secured and patients are delayed in receiving care there is potential for harm – but the 999 and ED escalation remains an option where required. Political representation in relation to service provision has already been made.