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:**	06 October 2020
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Risk 129- Ability to Deliver an Urgent Primary Care Out of Hours Service for Hywel Dda Patients
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: **REPORTING OFFICER:**	Nick Williams-Davies, 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 critical levels during 2017. This has been reflected in risk 129 (which was created in 2017) however, despite frequent review and identification/ completion of actions, the risk remains “high” due to the variation in service provision that sits hand in glove with the availability of clinicians.

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 is 12 (High) and this is against an inherent risk rating of 15 (extreme). The current level reflects a reduction in demand as opposed to any improved or stable workforce position, which is at risk of increasing as the service heads into the winter demand period. Further to this, any COVID-19 outbreak could also have a detrimental impact on service provision and therefore an increase in the risk scoring should be regarded as being highly likely for the foreseeable future.

Cefndir / Background

OOH provides access to patients who have an urgent primary care need when their own General Practice surgery is closed. Previously operated on a county level by co-operatives of General Practitioners (GPs), the responsibility to provide OOH services was transferred to Health Boards in Wales in 2004.

For a number of years, the service has been able to operate on a stable basis. However, with reductions in service provision being seen during the last 3 years, the ability to maintain GP-led services is becoming ever more challenging. The main reason behind this instability is a reduction in availability of GPs who are able to work in an OOH setting. Reasons for the reduction in staffing include:

- A demographic of GPs nearing or meeting retirement age;
- An increase in day time pressures affecting availability to support OOH sessions;

- Changes to Income Tax and National Insurance status providing a threshold for GPs to work within (before tax and NI contributions affect earning power);
- National Service changes such as 111;
- A perceived lack of willingness to work more cohesively with the HB management on pursuit on population health goals.

It should be noted that these are issues being experienced by OOH and primary care services throughout Wales and for this reason, there is an awareness of the staffing profile and associated risks held by Welsh Government (WG) and this has previously been communicated internally at various planning meetings; especially in the run up to the winter period of 2019/20. As the service moves into the 2020/21 winter period, many of these issues remain a relevant influence on the OOH staffing model.

Despite some small increases in the numbers of non-medical clinicians (and a short-lived increase at the start of the pandemic), the service remains almost exclusively a GP-delivered model, with some supplementary support by advanced nurse and paramedic practitioners. Given these colleagues are often working alone; it is not possible to state that the service is operating a multi-disciplinary team. However, in terms of service resilience and redesign, the need to develop such a model is clear.

As a part of the Executive Priorities for 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 the 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 Wales Ambulance Service Trust (WAST) provide the initial service with call handling and initial triage stages being completed outside of the Health Board. Approximately 40% of demand is streamed away into other services by the 111 service. The remainder, during the OOH period, is transferred via the clinical systems 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 memorandum of understanding 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 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 on several occasions, most recently by the Service Delivery Manager (SDM) to members of Welsh Government and to other operational leads on 27th August 2020. 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.

However, the service is able to monitor performance internally and this is reported at both Board Integrated Performance Assurance Report (IPAR) reviews , in addition to monthly Joint Operations Group meetings.

Asesiad / Assessment

Current service provision.

In 2019/20, the combined elements of the 111 and OOH service pathway dealt with in the region of 60,000 contacts. With approximately 40% (24,000) being supported by 111, approximately 36,000 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. Also, to be expected in line with geographical population, Carmarthenshire is the busiest county followed by Pembrokeshire and Ceredigion respectively.

Between 1st January and 31 August 2020, the service has undertaken 27,500 consultations with an additional 11,000 cases being signposted to other services by the 111 pathways.

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 General Hospital (GGH) and Prince Philip 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, a decision 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 resulted in the Llandysul and Llanelli GP resources transferring to GGH overnight, and the MIU stream in PPH made available for face-to-face contact with patients in place of the OOH GP, the outcome being a more robust overnight provision which in turn has significantly reduced risks. Unfortunately, an increase in weekday support was not seen although this is due to the availability of GPs; not all night working OOH staff have the ability to work in the daytime for a number of reasons, detailed below.

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

- Service rotas across the three counties are now managed centrally via the administration team based in Haverfordwest (previously managed in different ways in each county);
- Dedicated GP Advice sessions in place 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;
- Ongoing workforce support from 111 programme team in addressing OOH fragilities is in place;
- Health professional feedback form in use between clinicians, service management and 111 (WAST) leads;
- WAST Advance Paramedic Practitioner (APP) resource continued- to be enhanced for winter 2020 and beyond;
- Ongoing recruitment of clinicians has resulted in 14 appointments (sessional or bank basis) during the previous 4 months, mainly because 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 the 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 then work towards a service and workforce redesign is presently on hold due to the COVID-19 situation.
- As a part of the PMO work, a new approach to engage with the GP network was held in terms of a workshop in October 2019 and whilst further workshops had been planned to be held in 2020, these have not taken place due to the current 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 profile is as follows:

County	Number of Salaried GPs	Number of sessional GPs	Total number of GPs
Pembrokeshire	5	11	16
Ceredigion	9	7	15
Carmarthenshire	0	42	42
			73

In addition, there are two whole-time equivalent Advanced Paramedic Practitioners and one part time salaried ANP. They are supported by a further 5 ANPs on a bank basis. The service is currently seeking to cover 769 clinical hours per week (with 424 of these occurring 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- details on relevant mitigations associated with staffing risks.

The most frequent escalation tool is that of situation reports (which are based on risk scores derived by available capacity). These are circulated twice weekly to UHB managers and executives along with operational leads in WAST (999 and 111) as well as 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 strong 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.

Recently, the service has now formed a new clinical governance arrangement 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 which are needed to ensure the service operates safely. As an example of the work streams identified in this context, the medical appraisal process is being revised and a plan generated for the Clinical Lead GP to undertake GP

performance reviews (which include case audits). This is in addition to other audits which occur within the service. In addition, 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.

In terms of assurance related to service performance, certain indicators have been regularly monitored by the Executive via quarterly performance reviews, prior to them being suspended in March 2020 due to COVID-19. However, a focus on performance monitoring continues via IPAR submissions to the board. Detailed exception reports are prepared to provide context to targets that are not met, and for the most part, the lack of a sufficiently stable workforce is identified as a root cause of any breach in performance.

Furthermore, reports to the People, Planning and Performance Assurance Committee (PPPAC) and QSEAC together with frequent scrutiny from the Community Health Council (CHC) are other avenues where the service is held to account.

As part of improvements to the governance, which oversees 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 provide maximum service resilience, promote assurance and to minimise risks to patients, the service must escalate concerns in relation to clinical staffing. The service escalation framework is currently in development and input has been sought by service leads at the All Wales OOH Forum in which WG are in attendance. At present, the following process is employed; available clinical hours required are identified and hours that are secured are plotted into a matrix. This gives 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%

At present the service informs a list of Executive, hospital and other stake holding leads (such as WAST emergency medical services) of this staffing position. In order to better understand how the service provision may affect patient experiences within escalation level, please note the following:

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 mitigated by moving demand to available capacity and ensuring available capacity is fully utilised. 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.

To give an example, in Pembrokeshire on Saturday 12 September 2020 between 8am and 7pm, the service operated at 40% capacity. However, within the system, even at 40% (4 out of 10 shifts filled) there was capacity to undertake 80 consultations (based on an average of 4 cases per hour). It is understood that cases vary in length, and this is the average taken to provide services within the organisation. During the same hours, 87 calls were placed. With some support from neighbouring GPs (and from the ambulance service), there was sufficient capacity (in retrospect) for the shift to operate, despite being reported as a Red risk, and so from this point of view, the risk needs to be considered as relative.

For Members assurance, the Standards and Quality Indicators - 111 and OOH in Wales (2018 V5) are currently being reviewed nationally to ensure performance monitoring is maximised.

<u>Temporary Service Changes</u>
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 to increase service resilience and hence reduce operational risk. The 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.

In response to these concerns, a review of capacity and demand has been completed which indicated that weekday evening and overnight shifts were reasonably well staffed across each of the 5 bases, - whilst service demand was low and therefore risks and service escalation was within very 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. These 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 understood that both Llandysul and Llanelli bases suffered with poor staffing positions and overnight cover was often missing, leading to closures (sometimes unpredictably) 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 looks far more stable than in the preceding 3 years. However, at the same time that this stability is being seen, the rota provision in Pembrokeshire is deteriorating to critical levels and this is across the entirety of the operational week. Sickness, leave and non-availability of sessional/ bank staff is contributing to this situation.

COVID -19.

Within 6 weeks of rationalising the bases, planning for COVID-19 commenced and very shortly afterwards, 15 new GPs came forward from across the HB to support OOH operations. This, combined with the application of lock-down measures, 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.

However, and as anticipated, as time has gone on and restrictions eased, shift fill has fallen away and in the last month (24th July to 24th August 2020 inclusively), weekend cover ranged from 45% to 69% fill. Weekday cover remains almost universally stable - although there are some exceptions. All mitigating actions are deployed in response to reductions in rota cover including 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 terms of being able to access a GP in the OOH period in ways to which they are accustomed. The patient survey has yet to be undertaken and this is for two reasons. Firstly, the team who were working to support the service with this work have been temporarily reassigned to other roles in respect of the COVID -19 HB response. Secondly, even without the 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- January to August 2020

In order to provide further assurance to the Committee, a review of Datix submissions has been undertaken in order to identify or understand patient concerns and to highlight any incident that has impacted on patient experience/ safety. This is reflective of the journey 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 then into the first phase of the Coronavirus planning and demand (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, and the SDM and clinical lead then provide a report to the Joint Operations Group as well as to the All Wales OOH forum.

Between January and August 2020, the service has received 16 Datix incident submissions and 19 complaints. Many of these are multi-service orientated and OOH is implicated in part of a patient journey. Given the focus on staffing and service readiness, the records have been reviewed and of the 35 submissions, 10 are pertinent to the staffing profile of the service. A summary is shown below:

Service escalation level at time concern occurred	Number of Datix Incidents/ complaints relating to level of escalation	Significant Issues Raised	Findings/ Learning

Level 4 45%-60% variable	5	-Poor staffing profile and other service issues -Delays in contact/ call back -Appropriateness of HV request -Delay in care due to no local GP cover	>Service has introduced additional admin support to "comfort call" patients, ensuring they are aware of service pressure- and confirming no deterioration. (*This has been suspended because of Covid) >Patient expectation often exceeds clinical need in terms of how they interact with the service- such as home visiting "requirements" >Escalation policy supported by local communication is paramount to maximising available capacity without affecting ED pressures >Where delays are upheld, they have been part of a complex level of activity where higher priority cases have had to take priority >Alternate resources (such as 999) are sometimes an appropriate alternative but in some cases, the originator of the call will feel it not appropriate- potentially adding to delays.
74%	1	Management of diabetic patient by GP operating out of locality	Care home patient needing GP input- no local OOH resource but other GP supported from outside of locality to manage pt. After no improvement in 48 hours, patient was admitted. Access to in-hours GP was also restricted.
85%	1	Delayed call back by OOH service	Staffing profile was poor - appropriate escalation had been made with all available service mitigations deployed. Alternative community based support has been identified as a result and access to these services agreed in order to better support the patient. This includes specialist support from Macmillan services. Patient did not come to harm in this instance, complainant required assurance to feel able to access OOH services should the need arise in the future.
90%-94%	3	>Community nurse re delayed access to OOH GP >Complaint that OOH did not respond >Failure by OOH service to contact patient following 111 input	GP was available but not at same times as RN- conflicts in caseloads. Additional resourcing may have reduced delay as well as use of /access to video technology. Virtual assessment platform has since been rolled out. No evidence of call being placed to OOH (or to 111) Evidence supports attempts to contact x2- but patient did not answer call

When assessing the concerns listed above, it is clear that access to the service is not a significant concern in the context of the 27,500 consultations that were conducted in this period by the OOH service and this figure excludes the 11,000 being supported by the 111 front end. There are issues, which relate to patient expectation as opposed to clinical need as well as operating in ways other than those traditionally observed, such as appropriate to contact alternate resources such as WAST if patient safety is a concern. In relation to two concerns which did accurately reflect poor service provision, no patient harm was identified and the delays are related in part to the correct prioritisation of other patients.

Any learning that is identified is reported back into a variety of streams to include HB, 111 Joint Operations Group and also into 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 help to identify improvements to the current levels of service delivery.

Corporate Risk 129.

As will be noted from the detail provided, there are several factors (some on a national scale) which 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 able or as required with any new actions identified as appropriate.

Consideration has been given to reducing risk in line with demand reductions, with a view to review and possibly increase the score in the winter period in reflection of demand and available capacity. 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 not a viable option at the current time.

It was hoped that as the Carmarthen base rota stabilised, the risk could be reviewed in the context of base rationalisation, however the deteriorated Pembrokeshire situation is hindering that opportunity at this time.

Therefore, the unpredictable nature of the OOHs workforce, the sickness and retirement factors combined with pan-Wales recruitment issues are 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 to need to increase the risk remains a very real possibility and this is kept under continuous consideration by the management team.

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 (or opt out) of shifts coverage and this is due to there being very few salaried (contracted) clinicians. The demographic of the local GP network is concerning given 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 along with 111 staff. In turn, the service has, with the support of the Executive Team, made temporary changes to the operating structure of the service in the overnight period, which for the most part have improved access and stability as well as increased resourcing. This is with the exception of weekend cover.

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

The temporary increase in OOH medical staffing (and service stability) seen at the start of the pandemic (combined with lockdown restrictions) has only brought a temporary reprieve and in recent weeks, the shift fill rates have reduced to critical levels at times. These are 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 and solutions being implemented- and a 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.

Potential Solutions

Prior to the coronavirus outbreak, significant work had been conducted with the support of the PMO in response to OOHs being appointed 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.

What is clear is that the reliance on a GP staffed model is no longer viable and although 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 nurses 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. All of this will need to be included in 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.

Corporate Risk 129 is therefore likely to remain at its present level for some time to come however alongside this, the service management team will continue to review and mitigate where possible.

Argymhelliad / Recommendation

The Committee is asked to receive this report and note the current fragile state of OOHs services at 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 – however the 999 and ED escalation remains an option where required. Political representation in relation to service provision has already been made.