

ACTIVITY	STATUS	DEPENDENCY/ RISKS	MITIGATION	PROPOSED IMPACT	VIABILITY RAG RATING	IMPACT RAG RATING
<p>Create additional beds as part of a graduated care pathway (costings and modelling taking place on 80 beds). Supporting convalescence for individuals awaiting community support.</p>	<p>CIW attended Winter Planning Group 10/10/22 to discuss governance</p> <p>A session is arranged for 20/10/22 to understand registration requirements, particularly aimed at HB's implementing SC2H equivalents within hospital facilities.</p> <p>Concerns re. care home stability in some areas</p> <p>Additional opportunities continued to be explore.</p> <p>Bi-weekly meetings arranged by Delivery Unit to monitor progress</p>	<p>Staff shortages noted in the care home sector, may impact the ability for homes to respond to the tender invitation.</p> <p>Ability to source Therapy capacity (OT/Physio/Assts)</p> <p>Throughput of the pathway to maintain flow</p> <p>Capacity of GP surgery(ies) to support additional care home capacity</p>	<p>Refined patient cohort included within service specification for these beds.</p> <p>Patients moved on maintenance plans waiting for PoC, reduced reliance on therapy capacity</p> <p>To be considered following care home responses as to suitable geographical area – engage with NCN leads</p>	<p>Up to 693 patients could be supported within a 26 weeks timeframe</p> <p>Reduction in DTOC</p>	<p>LOW-MED</p> <p>Workforce constraints across all sectors may impact ability to implement model</p>	<p>Flow Impact - Medium</p> <p>A&E Impact - Very Low</p> <p>Community Hospital Impact - Medium</p>
<p>New Directions Caerphilly</p> <p>Continue to provide domiciliary care commissioning via complex care (inc. within current SC2H pathway)</p>	<p>Ongoing informal arrangement</p>	<p>Continued availability of provision; no risks identified through consideration</p>	<p>Nil required</p>	<p>Maintained or improved DTOC position</p> <p>Good person centred outcomes</p>	<p>High</p>	<p>Low additional impact as Stabilising existing capacity</p>

<p>Additional winter capacity within community teams Supporting the ability to offer additional hours of work to mitigate further staff shortages due to sickness/leave over the winter period (provided via overtime/ additional hours of existing staff)</p>	<p>Scoping underway across all localities; capacity typically needed from December to February/March</p>	<p>Reliant on willingness of staff</p>	<p>Nil available</p>	<p>Stabilised workforce Capacity to provide 7 day working (e.g. brokerage over the weekend)</p>	<p>Medium</p>	<p>High</p>
<p>Equitable fuel reimbursement for care staff (<i>providers only – excl. Health and Social Care care staff</i>) Responding to the cost of living crisis and increasing number of carers leaving the profession, methodology developed to identify methods of providing equitable fuel reimbursement for care staff across the region.</p>	<p>Costings currently being received. LA Commissioners linking with complex care to share methodology</p>	<p>Mitigate ongoing staff retention issues due to the cost of living crisis within the provider sector</p>	<p>Not required</p>	<p>Stabilised workforce</p>	<p>High</p>	<p>Low-Med - stabilising existing capacity</p>

<p>COTE/Frailty Redesign - 8-8 CRT Model extend the operational hours for CRT rapid medical up to 8pm Monday to Friday, by Jan/Feb 23. It is proposed that by recruiting additional support now, it would be possible to make the existing CRT medical team more robust across all areas and develop a weekend response in the same timescale.</p>	<p>Recruitment underway for the consultant and ANP posts to support extended opening hours.</p>	<p>Recruitment Initiative cannot be viewed in isolation of the wider activities within the CRT</p>	<p>Comms and engagement across all CRTs re. the Pilot development Clear dependency map</p>	<p>As a 7 day model, the service could support a further 32 patients to remain at home each week, avoiding a hospital admission</p>	<p>Medium</p>	<p>Medium</p>
<p>COTE/Frailty Redesign - Proactive Frailty Transformation Project developing a robust method of identification and collaborative planning, admissions and GP interactions reduce. Project resource needed: • 1 WTE Band 8a programme manager • 4 medical sessions each week split across CRT consultant and GP</p>	<p>Opportunity identified within COTE/Frailty Redesign programme; activity proposed to be brought forward into winter activity to enable earlier benefits realisation (into 2023-24) Recruitment underway</p>	<p>Recruitment</p>	<p>Nil</p>	<p>Work with the three projects that are currently in existence and would develop the proactive frailty project in these areas.</p>	<p>Medium</p>	<p>Low</p>

<ul style="list-style-type: none"> • 1 WTE Band 5 Project support officer 						
<p>COTE/Frailty Redesign: Night Time Support</p> <p>Develop two teams of HCSW working initially in the out of hours period 8 pm to 8am, seven days per week. Each team would consist of two Health Care Support Workers who are trained to undertake observations and provide personal care and support to people to enable them to stay safely in their own home.</p>	<p>Opportunity identified within COTE/Frailty Redesign programme; activity proposed to be brought forward into winter activity to enable earlier benefits realisation (into 2023-24)</p> <p>T&F group established, draft JD developed.</p>	<p>Recruitment activity having a detrimental effect on other services</p> <p>Incremental gains in the early stages of the programme not realising full impact within winter period</p>	<p>Recruitment will be for a night contract only, which will minimise the staff pool interested, and therefore less likely to impact domiciliary care market</p>	<p>Keeping frail and/or elderly people at home reduces dependency on longer term social care services, increasing independence and quality of life.</p>	<p>Medium</p>	<p>Low</p>

<p>Same Day Emergency Care @ YYF</p> <p>The development of the SDEC treatment space alongside other improvements in AMU will ensure that YYF is in a position to meet the demand and requirements for the Caerphilly population, supporting whole system flow and optimising patient outcomes.</p>	<p>The workforce plan ensures that there is a robust medical and nursing team with joined up leadership across the front door currently being implemented.</p>	<p>Recruitment of staff for a 6-month pilot</p>	<p>Confirmation of interest in the posts from existing staff, opportunity to work in a new initiative service, delivering patient centre care</p>		<p>Medium</p>	<p>High</p>
<p>Additional equipment for GWICES to facilitate hospital discharge</p> <p>Phase 1: Manual Handling (seating, hoists & stand aids) - £300,000</p> <p>Phase 2: Bettercare (showering, bathing including bariatric) - £100,000</p> <p>Phase 3 - Single handed care (Elks, slings, returns including bariatric) - £100,000</p>	<p>Understanding urgent requirements v standard requirements to ensure individuals receive equipment in an appropriately prioritised method.</p> <p>Phase 1 equipment procurement underway</p>	<p>Procurement of stock, potential supply chain issues</p>	<p>Phased procurement takes account of lead in timeframes</p>	<p>Avoidance of delays due to equipment availability</p>	<p>High</p>	<p>Medium</p>

<p>Strengthened resource for Home First Service Existing home first resource from RGH & NHH spread to GUH. Proposal is to strengthen the capacity to reflect the 3 hospital model.</p>	<p>Agency staff secured to enable strengthened capacity over the winter period.</p>	<p>Ability to appoint staff, due to funding decision timeframes</p>		<p># Turnaround at front door Reduction in admissions</p>	<p>Medium</p>	<p>Medium</p>
<p>Staff support provided via Wellbeing Bus, able to be placed throughout the region and available to partnership organisations. The service offers a warm and personable welcome, light refreshments, a quiet zone, a colleague chat zone, chats with crew, and hospitality treats.</p>	<p>Tested within ABUHB. Staff spent 10-20 minutes on board; 100% found it valuable, and 97% indicated interest in further events. Proposed that the offer is widened to the partnership.</p>	<p>None known. Would need to consider where the bus can be placed regionally - needs electricity supply</p>	<p>Scoping to be undertaken within winter planning group on suitable locations for the wellbeing bus</p>	<p>Improved staff wellbeing</p>	<p>High</p>	<p>Low</p>