

## Appendix 1

### All Wales Peer Review Action Plan (local)

Key Issues to Address	Context	Lead	Timeframe	Action
<b>Workforce</b>				
<b>Demand &amp; Capacity</b>	Demand and Capacity modelling needs to be adopted and consistently applied across Health Boards.	<b>111 National Programme</b>	June 2019	<ul style="list-style-type: none"> <li>• 111 and Delivery Unit to finalise the demand /capacity model (complete)</li> <li>• Local operational teams to populate the information by hour of day and analyse what staff groups are required (deadline 7<sup>th</sup> June 2019).</li> <li>• Outcomes to be reviewed and fed back to the next Joint Ops /Informatics group for benchmarking prior to next phases of service and workforce plans.</li> <li>• Outcomes to be used for informing IMTP's and Primary Care Plans.</li> </ul>
<b>Workforce plans</b>	Local workforce plans need to be developed which support GPs to lead a wider multi-disciplinary team for long term sustainability.	<b>Local Workforce leads working jointly with HEIW</b>	Sept 2019	<ul style="list-style-type: none"> <li>• LHBs to develop a workforce plan which incorporates enhanced and /or extended multidisciplinary teams, utilising the learning and best practice from this year's winter planning initiatives.</li> <li>• Create a framework to expand education and training in primary care and community care settings across all professional groups.</li> <li>• Work with social care to address priority workforce requirements arising from regional partnership board proposals.</li> <li>• Outcomes to link with the National Primary Care strategy group and 24/7 working</li> </ul>
<b>Recruitment and retention</b>	GP and wider MDT recruitment /retention remains challenging across Wales.	<b>DPCC and Urgent Primary Care Workforce leads</b>	Ongoing	<ul style="list-style-type: none"> <li>• HEIW have funded an All Wales website for OOHs services, which will incorporate recruitment opportunities and showcase the benefits of working in Urgent Primary Care (complete). The launch of the web-site will take place at the all Wales Urgent Care conference on 27<sup>th</sup> June 2019.</li> <li>• Generic job descriptions for key posts to be included in the HEIW primary care library.</li> <li>• The development of the urgent care practitioner model is being piloted within Powys and C&amp;V – outcomes to be shared with each LHB.</li> <li>• A competency and career framework is being finalised to support all MDT roles within urgent primary care. Questionnaires have been distributed to all staff within urgent primary care and outcomes will be analysed and feedback to LHBs. Headlines to be presented at the workshop in June 2019.</li> <li>• The first cohort of training took place in Feb 2019 in ABHB and other organisations were invited to attend. Outcomes to be assessed as part of wider offering to other LHBs in future.</li> </ul>
	Development of the urgent care practitioner model to be considered as part of an MDT approach	<b>111 and OOH leads</b>	July /Aug	
	Care Aims methodology training to support local teams develop a common approach and language to urgent and unscheduled care	<b>CDs and Operational leads</b>	ongoing	
<b>Triage training for clinical staff</b>	Introduce and standardise the triage training and education offer to all new (and where appropriate) existing staff with specific mentorship programmes for vocational training.	<b>Clinical Directors Quality and Safety 111/OOHs forum</b>	Immediate and ongoing	<ul style="list-style-type: none"> <li>• All new GPs, trainees undertaking shifts in OOHs to be offered triage training as part of basic package of induction.</li> <li>• All LHBs to share existing practices and training programmes currently in place with a view to standardise and increasingly offer best practice and VFM.</li> <li>• A role specification and JD has been developed for the expert generalist role and training sessions have started across LHBs. This will ensure there is a consistent approach across Wales in terms of this role.</li> </ul>
<b>Leadership support</b>	There is an ongoing requirement for LHBs to support both clinical and non-clinical leaders within urgent primary care – with particular support from corporate functions.	<b>DPCC Urgent Primary Care Workforce and Education Group</b>	June 2019	<ul style="list-style-type: none"> <li>• Workforce, OD and planning support to be identified and readily available for urgent primary care teams.</li> <li>• The Urgent Primary Care Workforce and Education group to arrange a leadership training programmes for staff. The 3D leadership programme has been commissioned and will commence on the 12<sup>th</sup> June.</li> </ul>

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<b>Sustainability of service</b>	Linked to winter and bank holiday planning – outcomes from the various schemes to be reviewed and assessed with an expectation that we mandate recognised good practice.	<b>DPCC and 24/7 work-stream</b>	July 2019	<ul style="list-style-type: none"> <li>All winter planning schemes to be thoroughly reviewed by LHBs and 111 team.</li> <li>Outcomes to be collated by the 24 /7 work-stream leads</li> <li>All appropriate schemes to be maintained post Easter to manage ongoing peaks in demand with focus on palliative care, crisis mental health, paediatrics, urgent dental and frailty.</li> <li>Longer term decisions to be taken on the mandating of 6-10 core initiatives which should be adopted at a local level to ensure sustainability of services (linked to workforce plans).</li> </ul>
<b>Technical (supporting the above)</b>	Remote working and the technical infrastructure to be put in place for a limited number of clinicians to support triage during peak capacity periods	<b>Operational leads and 111 Team</b>	Ongoing	<ul style="list-style-type: none"> <li>Remote working kits (and infrastructure) supported this winter in 3 LHBs</li> <li>Informational Governance and outcomes to be reviewed locally</li> <li>Remote working protocol agreed and shared with all LHBs (complete)</li> <li>Outcomes to be reviewed for possible expansion to all LHBs</li> </ul>
<b>Clinical and Operational Governance</b>				
<b>Clinical Pathways</b>	Crisis mental health, palliative care, dental, paediatric and intermediate care for frailty is an area where Clinical pathways need to be enhanced for consistent 24 /7 delivery.	<b>DPCC and AMDs</b>  <b>All Wales Quality and Safety 111/OOHs forum</b>	September 2019	<ul style="list-style-type: none"> <li>All LHBs to review the 'top 5' pathways for consistency 24/7, linked to the operational clinical dipstick ready for second round peer reviews.</li> <li>Impact assessment on existing community based services to be carried out locally e.g. 24/7 district nursing.</li> <li>Identification of which pathways require a regional /national approach and alignment with the 24 /7 workstream.</li> </ul>
<b>Urgent care dental</b>	All peer reviews identified urgent dental care as a priority due to high volumes and inconsistencies of access within and across Health Boards.	<b>DPCC and dental leads</b>	September 2019	<ul style="list-style-type: none"> <li>LHBs to adopt the clinical definitions for emergency, urgent, routine and map capacity accordingly.</li> <li>All LHBs to ensure their full allocation of GDS monies is being fully spent and appropriately targeted on an annual basis.</li> <li>All LHBs to review how they effectively call handle and triage their calls with consideration of what could be delivered at a local, regional or national level.</li> <li>Urgent dental care access to be urgently reviewed in light of winter planning initiatives.</li> </ul>
<b>Reporting of incidents</b>	Serious untoward incidents, near misses and never events need to be appropriately reported (within DATIX) for ongoing learning and wider clinical governance purposes.	<b>CDs of Service and Operational Leads</b>  National co-ordination by Quality & Safety 111/OOHs forum	June 2019 & ongoing	<ul style="list-style-type: none"> <li>Standardisation of DATIX reporting to be put in place with best practice guidance to be adopted.</li> <li>All LHBs to review OOHs monthly reporting internally and provide timely updates to Executive boards and to Q&amp;S sub-committees.</li> <li>Learning from untoward events to be openly shared and communicated.</li> <li>Total volume of incidents, complaints and SIs to be benchmarked as part of a national process (<i>now in place</i>).</li> </ul>
<b>Corporate Governance</b>	Increased visibility of urgent primary care required at Executive and Board level – recognising the important role that the service offers in supporting both unscheduled care and unmet in-hours GMS demand	<b>DPCC and CDs</b>	Immediate and ongoing	<ul style="list-style-type: none"> <li>Outcomes from the Peer Review and local action plans to be reviewed on a regular basis (immediate and ongoing)</li> <li>Reporting of performance and quality metrics on a quarterly basis to Execs.</li> <li>An annual review of local Urgent Primary Care linked to wider primary care plans to be reported at public board meetings.</li> </ul>
<b>Physical Environment</b>	Local OOH services to be reassessed facilities in terms of security of staff and policies for lone working overnight, so that staff feel supported in all aspects of	<b>Heads of Primary Care /Operational and Clinical Leads</b>	July 2019	<ul style="list-style-type: none"> <li>Detailed audit of each base to be carried out jointly with local patient safety teams.</li> <li>Assessment of working practices overnight with consideration of the lone</li> </ul>

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	their role.			working policy and what happens when clinicians are off site.
<b>Colocation with ED Departments</b>	The benefits of collocating OOHs alongside Emergency Departments should be reviewed in the context of overall patient experience and physical environment.	<b>COOs and Directors of Primary Care</b>	Sept 2019	<ul style="list-style-type: none"> <li>All Urgent Primary Care (OOH) facilities need to be conducive to the patient care experience with physically separate space to EDs. Best practice would suggest utilising outpatient facilities where appropriate.</li> <li>Future models should be cognisant of the move to 24 /7 and the nature of urgent primary care.</li> <li>Local reviews to be undertaken by Sept 2019 and outcomes to feedback to next round of Peer Reviews.</li> </ul>
<b>Regional linkages</b>				
<b>Clinical hub development</b>	Develop and support the role of the 111 clinical hub to support the integration of services that would otherwise prove difficult for LHBs to consistently deliver themselves	<b>111 Programme CDs and Directors of Primary Care</b>	Ongoing	<ul style="list-style-type: none"> <li>Clinical hubs in place for South West and South East with Betsi developing model for both in and out-of-hours (pilot phase).</li> <li>Visible Clinical leadership is required to support the development of CSH.</li> <li>Expansion of pharmacy role to support urgent primary care in place for SW and SE with recruitment /training concluding in Betsi (<i>imminent</i>)</li> <li>Further roles to be developed pending outcomes from evaluation of winter planning schemes linked to 24/7 work stream.</li> <li>Mental Health practitioners already piloted within two LHBs.</li> </ul>
<b>National linkages</b>				
<b>Directory of Services</b>	The maintaining and updating of local information to link to the All Wales DOS (across Health, Local Authorities and third sectors) remains a key priority.	<b>LHB leads and 111 Programme</b>	Ongoing	<ul style="list-style-type: none"> <li>All LHBs to routinely maintain and update DOS information to support their local clinicians within urgent primary care, GMS and ED</li> <li>6 monthly returns to be provided to NHSD (WAST) for all core and community based services.</li> <li>All LHBs to identify central leads to coordinate and update content.</li> <li>All LHBs to actively support consolidation of local DOS material.</li> </ul> <p><b>Note:</b> Where 111 has been implemented or has a planned roll-out in 2019 /20 LHBs are undertaking this function as part of delivery</p>
<b>Standardisation of verification of death</b>	Due to local variation – this key area needs to be standardised for all LHBs.	<b>HEIW and local leads</b>	June 2019	<ul style="list-style-type: none"> <li>A task and finish group established to conclude this work.</li> <li>HEIW to commission an interactive eLearning training programme.</li> <li>Welsh Gov to issue a letter of endorsement by the Professional Policy lead.</li> </ul>
<b>Intermediate care review</b>	The challenge of understanding and navigating services for a frail elderly patient often results in a hospital admission.	<b>TBC</b>	TBC	A possible joint peer review across Health and Social Care to be considered post evaluation of baseline being completed by Delivery Unit and NHS benchmarking network.